HE 3.6/5:04/315/TN2

POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 04

Disability Insurance

P89 339

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CHAPTER 315

Correspondence

This consolidation includes thru TN 2.

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0431500
I.C.N. 991573
MAY 1989

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READEX FICHE best copy available

Check List of POMS Transmittals Received

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Chapter 315 - Correspondence

Subchapter 01 - Notices—Physical Preparation

The manual sections listed below in the left-hand column have been converted into the corresponding Program Operations Manual System (POMS) reference sections listed in the right-hand column. Each of the POMS references listed reflects the following information: POMS Part; POMS Chapter; POMS Subchapter; and POMS Section. Since most POMS chapters contain more than one subchapter, this conversion chart may reflect one or several subchapter numbers in the POMS Reference Column. Each subchapter number reflected in this column depends upon the placement of the converted material within the POMS chapter.

Use this conversion chart to locate former specific manual sections within POMS. For example: DI 01002.020 is now located in DI 31501.001.

Old POMS Disability Insurance (DI) Reference	***New POMS Reference***
01002.020	DI 31501.001
01002.060	DI 31501.015
01002.070	Deleted
01002.080	DI 31501.035
01002.090 A, B, & F	DI 31501.030
01002.090.C, D & E	Deleted
01006.040	DI 31501.025
01006.050	DI 31501.005
01006.060	DI 31501.010
01006.080	DI 31501.020
01006.090	DI 31501.040

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CORRESPONDENCE

Subchapter

Notices - Physical Preparation 31501.000
Stock Paragraphs.......... 31505.000
Model Language and Model Letters 31510.000
Forms, Form Letters, Form Paragraphs, and Riders.......... 31515.000

31501.000 Notices - Physical Preparation

Section

Manually Prepared Notices 31501.001
General Typing Instructions for Completion of Notices 31501.005
Special Typing Instructions for Title XVI Denial Notices 31501.010
Using Word Processing Equipment for Notices 31501.015
The Use of Suffixes in Item 29 of the SSA-831-U5 or Item 29 of the SSA-832-U5 or SSA-833-U5 .... 31501.020
Use of Pamphlets with Notices 31501.025
Personalized Notices - Title II and Title XVI - Preparation and Release 31501.030
Spanish Language Personalized Notices 31501.035
Personalized Explanation Preparation Guide Form 31501.040
Name, Title and Signature Requirements 31501.045

Notices - Physical Preparation

NOTE: *The audience for all sections in this subchapter is as follows: DO/BO/TSC, OS; DDS: ADJ; ODO: DE, DEC, RECONE; PSC: DE; INTPSC: FCR, FDE, RECONE*

31501.001 Manually Prepared Notices

A. Types of Manual Notices

The term manual notices includes form letters, exhibit letters model letters, and dictated letters. Form notices designated SSA-L________ or SSA________ are assigned an identification number, printed centrally, and supplied to the field. Blank spaces, referred to as "fill-ins," are provided to permit the addition of the specific details relating to individual situations. SSA form letters are normally printed in the Nelson format.

SSA form letters contain a "Nelson Format" letterhead, e.g., "SOCIAL SECURITY NOTICE." ~~These letters do not require either a complimentary closing or the signature of an approving official~~. Salutations are not required. The titles "Mr.," "Mrs.," "Miss" or "Ms." are not used in the address.

Exhibit or model letters are essentially guides to assist the disability examiner or evaluator in preparing notices for situations that occur with some regularity but not in a volume that would warrant preprinting and stocking as a form letter. The content and basic format is devised centrally. However, where quantity usage occurs, CO will provide a form letter.

A dictated letter is a notice made by modifying language in existing letters or paragraphs or providing new language not covered by existing letters or paragraphs. Dictated letters are used if there is no form, exhibit, or model letter suitable for a particular situation. A dictated notice should not be prepared if an individual form, exhibit, or model letter could be used by the addition of paragraphs.

When composing manual notices, use appropriate language from stock paragraphs, exhibit letters, or model letters. If information particularly tailored to a claimant's circumstances is needed but is not provided by stock language, follow the general style of similar approved language. Phrases used in stock language are generally related to elements in the law and are not discretionary.

B. When a Manual Notice Is Required

A manually prepared notice is needed whenever:

1. The claim is denied by the DDS. (Personalized paragraphs cannot be merged with the paragraphs on SSA computer system); or
2. The claim is allowed and the computer notice would be inadequate because the appropriate notice language has not been programmed; or
3. The claim is allowed and the computer notice cannot be generated because successful transmission of the data to trigger the notice cannot be accomplished. This is termed a "systems limitation" case and will be identified as such by the DO on the SSA-831-U5. Systems limitations occur through:
    a. Input Exceptions due to missing or invalid codes and/or data. When this occurs, correction should be made and the correct data transmitted to trigger the notice.
    b. Processing Exceptions due to data inconsistent with what is already on the record. If corrections can be made, corrected data should be transmitted to trigger the notice. For example, an EOD that is later than the application date is a systems limitation.
    c. Processing Alerts due to prior information on the record which may require additional development and/or processing.

C. Other Considerations

In title XVI nonmedical denials, if the system cannot generate the notice, the DO is responsible for issuing the manual notice using Form SSA-L8030-U2 (Notice of Disapproved Claim). In medical denial cases, the DDS is responsible for preparation and release of the denial notice. (See DI 26535.060 when a claimant files for payments under more than one category.)

If the case is selected for preeffectuation review (PER) or Quality Assurance (QA) review on a preeffectuation basis, the DDS prepares the notice and places it in file for release by the reviewing component.

D. Other DDS Actions

If a notice cannot be computer generated, the DDS is responsible for taking one of the following notification actions depending on the specific case situation:

1. Forward the file to another component for completion of the notice;
2. Assign the appropriate letter/paragraphs for other components to use in preparing notices;
3. Assign the appropriate letter/paragraphs and prepare but do not release the notice. (If the DDS prepares but does not release the notice, the updated notice (letter and attachments) should be folded for mailing and clipped under the flap of the appropriate mailing envelope. Carefully place the notice on the right side of the file so that it will not be stapled or mutilated while in transit. Annotate the SSA-408 with a remark identifying the office responsible for releasing the notice); or
4. Assign the appropriate letter/paragraphs and prepare and release the notice.

If the case is selected for preeffectuation review (PER), or quality assurance review (QA) on a preeffectuation basis, the manually prepared notice will be placed in the folder for release by the reviewing component.

Specific notification responsibilities for each type of claim are found later in this chapter.

31501.005 General Typing Instructions For Completion of Notices

Item 29 of the SSA-831-U5, item 29 of the SSA-832-U5 or SSA-833-U5, or the SSA-865 (when an "S" appears on the SSA-831-U5 or SSA-833-U5) tells the typist what letter to prepare and indicates any special instructions, by the use of suffixes, such as "A" (attorney or other representative) or "Z" (authorized disclosure). Item 34 will be used to indicate the SSA-L1157-U2 SI/DI. The typist should check both item 29 and 34 of the SSA-831-U5. Generally, the typists must prepare an original and one carbon copy of all letters. However, when suffixes "A" or "Z" are entered in item 29 of the SSA-831-U5 or item 29 of the SSA-832-U5 or SSA-833-U5, two carbon copies must be prepared. Note: The personalized portion of the notice should never be released to an organization authorized to receive entitlement information ("Z" suffix cases). In all cases, after typing and dating the letter, place the carbon copy on the right side of the disability folder on top of all other material. Insert the original into an envelope and mail it to the claimant along with the appropriate pamphlet, if any. If there are 2 carbon copies, additional instructions are provided for handling the second copy - see DI 31501.020. Typists should use ODO's 21241 zip return address envelopes for title II notices and SSA's 21235 zip return address envelopes for title XVI notices. Concurrent title II/title XVI notices may be sent in the same 21241 zip return address envelope if the material will fit. Even though the claimant's whereabouts are unknown, the denial letter must be typed and sent to the last known address.

The information for typing the notice should be obtained from the SSA-831-U5, the SSA-833-U5, or the SSA-865.

SSN—Always check the social security number contained in item 4 of the SSA-831-U5 or item 1 of the SSA-832-U5 or SSA-833-U5 against the number on the folder jacket. If there is a discrepancy, refer the folder to the disability examiner. If the number is correct, type it under "claim number" or "your claim number."

Date—The date used on the notice should always be the date the notice is actually mailed. A date stamp is acceptable. If the date is typed, type it alongside the word "date." This date cannot be earlier than the date the examiner/physician sign and date the SSA-831-U5, SSA-832-U5 or SSA-833-U5. The date must appear on the folder copy of the notice and any other copies prepared.

Name—The claimant's name should be typed as shown in item 5 of the SSA-831-U5 or item 2.B. of the SSA-832-U5 or SSA-833-U5 except that a courtesy title (Mr., Mrs., Ms., Miss) will not be used in notices in the Nelson format i.e., notices having a heading such as "Social Security Notice of Reconsideration" at the top of the letter. Begin typing the name below the dot on the left side of the form letter so that the name will appear through a window envelope.

If the claimant has a representative payee i.e., a person or institution has filed a claim on behalf of the claimant, and the word "for" is shown in item 5, type the "For" on the second line of the address in accordance with the following example:

Jane Doe
For John Doe
100 Able Street
Anywhere, U.S.A. (Zip Code)

Address—Type the address as shown in item 5 of the SSA-831-U5 or item 3 of the SSA-832-U5 or item 2.C. of the SSA-833-U5. Avoid complicated and unusual abbreviations in the address. Do not abbreviate the titles of institutions. The name of the State and easily understood abbreviations such as "St.," "Ave.," etc., can be used. Spread the address over at least three lines. Thus, if item 5 contains a name and city and State, type the city on the second line and the State and zip code on the third line. If the name and address comprise five or more lines, a window envelope cannot be used; instead, type a separate envelope with the name and address.

Salutation—Do not use a salutation for notices in the Nelson format.

Fill-ins—Be sure to type the fill-ins, if any. These will be indicated in item 29 of the SSA-831-U5 or item 29 of the SSA-832-U5 and SSA-833-U5 in parentheses immediately following the form letter number.

DO Code—In the lower right hand corner of the notice type the DO code; this code can be obtained from item 12 of the SSA-831-U5 and item 7 of the SSA-832-U5 or SSA-833-U5. If there are special or stock paragraphs to be included in the notice, they will be typed on the rider indicated in item 29 on the SSA-831-U5.

IMPORTANT: *A copy of all parts of the notice must be placed in the file.*

The typist will also type or write the form number and the rider when shown, in the lower left corner of the technical rationale to facilitate association of the personalized notice with the correct notice and rider (if the form and rider numbers are not shown in item 29 of the SSA-831-U5, the SSA-832-U5, or the SSA-833-U5).

31501.010 Special Typing Instructions For Title XVI Denial Notices

A. Initial Title XVI Notices

Complete the heading of the notice as follows:

1. Enter the name and address of the person filing the claim at the upper left of the notice, so it is readable in a window envelope. If someone filed on behalf of the claimant, the name should read "James Doe for John Smith." There is no courtesy title of Mr. or Mrs. in the name and address; nor is there a salutation in SSI notices.
2. Date—Type the date the notice is released.
3. Claim Number—Enter the social security number appearing on the folder tab.
4. Application Filed—Type the date of the current application.
5. Category—Enter "Disabled (or Blind)."

Refer to item 29 of the SSA-831-U5, item 29 of the SSA-832-U5 or SSA-833-U5, or the SSA-865 when an "S" appears on the SSA-831-U5 SSA-832-U5 or SSA-833-U5, for the appropriate paragraphs, fill-ins's, and suffixes to be entered on the notice.

Complete the bottom of the notice as follows:

Type the DO code, which can be obtained from item 12 of the SSA-831-U5 or item 7 of the SSA-832-U5 or SSA-833-U5, in the lower right hand corner underneath the line that begins "Important: See other side...." If the claimant has an attorney or other representative, send him/her a copy of the denial notice. When the DDS composes a letter to the representative, it should also prepare a folder copy. Annotate the original and carbon copies "Copy Sent To:" and underneath that, the name of the representative, followed by Esq." or "Attorney at Law" if he/she is an attorney. The annotation should appear on the lower left margin above "Enclosure" (or on the right margin next to "Enclosure" if there is not enough space.

Staple the SSA-4268-U4/C4 (top half only) and the appropriate rider to the form notice.

The brochure SSA Pub. No. 05-11008, (Your Right to Question the Decision Made on Your SSI Claim) must be enclosed with each initial denial notice. Prepare one copy of the notice for the claims folder. (If appeals paragraph 878 is used, substitute pamphlet SSA Pub. No. 70-10281.)

B. Reconsideration Title XVI Notices

The following changes apply to the preparation of the title XVI reconsideration denial notice:

Reconsideration Filed—Enter the date reconsideration was requested. If the determination was escalated to the reconsideration level, use the date the title II request for reconsideration was filed.

Staple the SSA-4268-U4/C4 (top half only) and the appropriate rider to the form notice.

The brochure SSA Pub. No. 70-10281 (Right to Appeal) must be enclosed with each reconsideration denial notice.

31501.015 Using Word Processing Equipment For Notices

A. Notice Standards

The DDS's that choose to prepare notices with word processing equipment must comply with standards that apply to all social security notices. The DDS's must:

1. Use established SSA format (see DI 31501.001 A. and DI 31501.005) which prescribes:
   - a. The size and type of letterhead
   - b. Margin requirements
   - c. Address block requirements
   - d. The absence of a salutation
   - ~~e. The absence of a signature line~~.
2. Adhere to the following principles:
   - a. Sequence all paragraphs the same as they are in the current notices. If the SSA-4399 is not attached to reconsideration notices to explain the disability requirement, type the appropriate paragraph from the SSA-4399 (see B below).
   - b. Include appeal rights in the body of the notice on title II and title XVI cases. The appeal rights must be highlighted by bold face type or by brackets.
   - c. Attach the preprinted statement containing the program information to the notice on title II cases.
   - d. Highlight by capitalization or underlining all bold face and larger type sentences found in the current notices to maintain appropriate emphasis.
3. In preparing a "merger text" notice (incorporating the personalized explanation in the body of the notice), the DDS must:
   - a. Begin the personalized explanation after the second paragraph on title II and title XVI denial notices. Do not include the second sentence in the first paragraph of the SSA-L443-U2 or the SSA-L444-U2 which begins, "The attached page explains..." On title II reconsideration affirmation of denial notices the personalized explanation begins after the second paragraph. On title XVI reconsideration affirmation of denial notices the personalized explanation begins after the first paragraph.
   - b. Meet 1 and 2 above.

4 DDS's have the following options when using word processing equipment:
   - a. Use a manual or pinfeed paper.
   - b. Use a second page instead of riders.

B. Word Processing Forms

A special pinfeed paper is provided for use in preparing notices with word processing equipment. Title II notices will be prepared on SSA-L951-C2 paper and Title XVI notices will be prepared on SSA-L8052-C2 paper. Both alternate "letterhead" and blank pages and are continuous feed paper with one carbon copy. For initial and escalated notices, the SSA-L951-C2 requires as an attachment a preprinted page which contains program information for the type of claim (DIB, or DWB). These attachments are the SSA-4398 for DIB and SSA-4460 for DWB on CDB notices, prepare an attachment titled "Important Information" with paragraph 301(A) typed on it. (See DI 31505.001) The SSA-4399 contains information from the back of the SSA-L928-U2 and may be used with merged text reconsideration notice if the appropriate disability requirement is not typed in the body of the merged text notice. When the SSA-L951-C2 is used to prepare merged text title reconsideration affirmation of denial notices the appropriate disability requirement paragraph(s) from the back of the SSA-L928-U2 should be entered after the first paragraph of the merged text notice. The preprinted appeals language on title XVI notices will have to be highlighted by capitalization or underlining and typed on the front of the title XVI paper. DDS's choosing to use word processing equipment to generate notices must not produce entire notices until their examples have been approved by central office.

The SSA-4268-C4 is currently available as continuous feed paper for DDS's choosing to prepare personalized attachments using word processing equipment.

The technical rationale may be printed on another SSA-4268-C4.

When word processing equipment is used to produce only the personalized attachment, the DDS may print the title XVI state supplementation and Medicaid paragraphs on bond paper. The chart in DI 31505.001 identifies the appropriate rider for each State and the District of Columbia.

C. Merged Text Notices

DDS's choosing to use word processing equipment to prepare merged text notices may do so after they receive approval from the Office of Disability. DDS's requesting this approval must send one sample each of the proposed notice for a title II initial, title II reconsideration, title XVI initial and title XVI reconsideration to the following address: Office of Disability, Division of Program Analysis and Technical Policy, Technical Policy Branch, 3-G-9 Operations, 6401 Security Boulevard, Baltimore, Maryland 21235. Mark the envelope "Attention: Personalized Notice Coordinator, DO NOT OPEN IN MAILROOM."

Merged text notices must meet the requirements of A. above. Appeal rights information will be printed in the text of the notice. Any information printed in bold face type on a corresponding preprinted notice must be highlighted by capitalizing or underlining in the merged text notice.

31501.020 The Use of Suffixes in Item 29 of the SSA-831-U5, or Item 29 of the SSA-832-U5, or SSA-833-U5

A. Miscellaneous Situations in Which the Examiner Enters an "S" in Item 29 of the SSA-831-U5, or Item 29 of the SSA-832-U5, or SSA-833-U5

In any situation where the examiner enters an "S" in item 29 of the SSA-831-U5, SSA-832-U5 or SSA-833-U5 look on the left side of the folder for a Form SSA-865 containing special typing instructions. These instructions should be followed in preparing the notice(s).

B. Attorney or Other Authorized Representative—"A" Suffix

The DDS typist will be alerted to the representation of the claimant by the suffix "A." When suffix "A" appears, prepare two carbon copies of the notice, sending the second copy to the representative whose name and address appears in item 34 of the SSA-831-U5 or, item 24 of the SSA-832-U5, or SSA-833-U5.

Annotate the original and carbon copies of the letter with the remark "Copy sent to:" and underneath, the name of the representative, followed by "ESQ." or "Attorney at Law," if the representative is an attorney. This letter documentation should be made in the lower left portion of the notice above the word "Enclosure:" if it appears on the notice so that there will be two blank spaces between the representative's name and the word "Enclosure:." If there is insufficient space above "Enclosure:," place the annotation opposite it flush with the right margin. Type the representative's name and address on a return zip "21241" envelope (for title II or title XVI) and place the second carbon copy in the envelope along with a pamphlet, if appropriate, and mail it to the representative.

C. Authorized Disclosure—"Z" Suffix

The DDS typist will be made aware of the authorization for disclosure of entitlement information by the suffix "Z." When the suffix "Z" appears, prepare two carbon copies of the form notice and send the second copy along with a pamphlet, if appropriate, to the organization that requested the information. NOTE: The personalized portion of the notice should never be released to the organization authorized to receive entitlement information ("Z" suffix cases).

You can find the authorization form on the right side of the folder. If the authorization cannot be identified, ask the disability examiner to identify it. Obtain the name and address of the organization from the authorization form itself. As in B. above, annotate the original and carbon copies of the notice with the remark, "Copy Sent To:," followed by the name of the organization. The location of the annotation and spacing on the form letter will be the same as in B. above. Type on the authorization for disclosure. "See Attached Notice" and then make a photocopy of it. Place the photocopy on the prongs on the right side of the folder. Staple the original of the authorization to the carbon copy of the notice and place it in the appropriate window envelope or an opaque "21241 zip" envelope containing the organization's name and address (if the name and address is not visible through the envelope window).

D. Return of Document Requested—Suffix "C25"

When a claimant requests the return of a document that he/she has submitted, paragraph C25 should appear in item 29 of the SSA-831-U5 or item 29 of the SSA-832-U5, or SSA-833-U5. The document(s) to be returned should be found on top of all material on the right side of the folder and should contain an "x" in pencil in the upper right corner. Make a photocopy of the document and place the photocopy on the prongs on the right side of the folder. Prepare the notice in the usual manner, except that the original and carbon copy of the notice should contain the additional remark, "Document". Add this remark under the word enclosure, if any, in the lower left corner of the notice. Place the original document in the same envelope with the notice and mail it to the claimant. Use registered or certified mail if the claimant expresses concern about the loss of the document or requests that special care be taken

E. SSA-L808.8-U2 or SSA-L806.8-U2 Letter Designated in Item 29 of the SSA-831-U5

These letters are blank on the front. In addition to typing the paragraphs indicated in item 29, the typist must also include (1) introductory, (2) reconsideration, and (3) DO referral paragraphs on each letter. The introductory paragraph will always be the first paragraph on the letter and the reconsideration and DO referral paragraphs the last 2 paragraphs. See below:

1. INTRODUCTORY PARAGRAPH

DIB Cases (SSA-L808.8-U2 Letter)—"We have determined that you are not entitled to disability insurance benefits."

DWB Cases (SSA-L806.8-U2 Letter)—"We have determined that you are not entitled to disability benefits."

2 RECONSIDERATION PARAGRAPH (MG10) AND DO REFERRAL PARAGRAPH (MG200)

(See DI 31505.001)

F. Use of the SSA-L829-U2 Letter—Title II

If the DDS examiner indicates the "L829" notice in item 29 of the SSA-831-U5, complete the first sentence of the SSA-L829-U2 by adding a "period" after the word "act", or if another person filed "on behalf of" followed by the claimant's name, e.g., "on behalf of John Jones." In any situation where the "L829" contains insufficient space for the fill-in paragraph(s), type the notice on an SSA-L951-C2/U2. See the following subsection for instructions on preparation of the SSA-L951-C2/U2.

G. Use of the SSA-L951-C2/U2

This letter is to be used for title II notices when there is insufficient space on the SSA-L829-U2 letter and when an instruction indicates use of "ODO Letterhead" stationary or when a form notice cannot be used.

When "L951" appears in item 29 of the SSA-831-U5, item 29 of the SSA-832-U5, or SSA-833-U5 or on an SSA-865, it will be followed by the paragraphs, and fill-ins if appropriate, that should be typed on the SSA-L951-C2/U2.

H. Use of the SSA-L8052-C2/U2

This letter is used for manually prepared title XVI notices

When "L8052" appears in item 29 of the SSA-831-U5, item 29 of the SSA-832-U5, or SSA-833-U5 or on an SSA-865, it will be followed by the paragraphs, and fill-ins if appropriate, that should be typed on the SSA-L8052-C2/U2.

31501.025 Use of Pamphlets with Notices

A. General

Pamphlets are used to advise the applicant, claimant, or beneficiary of his/her rights and responsibilities under the title II and title XVI programs. The use of pamphlets enables us to provide maximum information efficiently. All title II and some title XVI forms have the necessary pamphlet enclosure preprinted on them in those instances in which a pamphlet is required. English and Spanish language pamphlets are enclosed when Spanish notices are sent. Pamphlets can be ordered through the regular State DDS or agency Punch Card Requisition System.

B. Title II Pamphlets

For initial and reconsideration allowances, SSA Pub. No. 05-10153, "Your Social Security Rights and Responsibilities—Disability Benefits," (Inventory Control Number 480165) is enclosed with each award certificate. This pamphlet explains what a disabled beneficiary can expect from Social Security, what his/her reporting responsibilities are, and how to report changes that could affect his/her checks.

For initial denials, closed periods or initial cessations, the SSA Pub. No. 05-10058, "Your Right to Question the Decision Made On Your Claim," (Inventory Control Number 463250) is mailed with the notice. The Spanish version of this pamphlet is SSA Pub. No. 05-10958 (Inventory Control Number 486750). This leaflet explains how to question a decision about payment of retirement, survivors, or disability benefits and gives the time limits for appeal.

In initial denials where the earnings requirement is last met prior to the date of the current decision, also include SSA Pub No. 05-10072, "Social Security Credits-How You Earn Them" (Inventory Control Number 467510) with the SSA-L443-U2. The Spanish version of this pamphlet is SSA Pub. No. 05-10972 (Inventory Control Number 48705). The pamphlet number should be typed on the SSA-L-443-U2 below the enclosure line. If appeal paragraph 140 is used on an initial notice, substitute the pamphlet listed in the next paragraph.

For reconsideration affirmation of denials, partially favorable reconsideration determinations, e.g., a later date of birth or a later onset date, or adverse reopenings, the SSA Pub. No. 70-1028, "Appeals Rights Under the Social Security Law,"(Inventory Control Number 469055) is sent with the notice. The Spanish version of this pamphlet is SSA Pub. No. 70-10283 (Inventory Control Number 481755). This leaflet explains the right to a hearing and the procedure to follow if a hearing is requested because of a disagreement on a claim. The leaflet also explains the right to appeal the decision made after the hearing.

C. Title XVI Pamphlets

For initial and reconsideration allowances, SSA Pub. No. 05-11011, "What You Have to Know About SSI" (Inventory Control Number 480265) is mailed to the applicant along with the notice of eligibility. This pamphlet explains the rights and responsibilities of people who get supplemental security income payments, i.e., what they can expect, what his/her reporting responsibilities are, and how to report changes that could affect his/her payment amounts. Mass mailings will be made to all SSI recipients when significant revisions are made in this pamphlet.

For initial denials, "closed periods," or SGA cessations, the SSA Pub. No. 05-11008, "Your Right to Question the Decision Made on Your SSI Claim," (Inventory Control Number 480246) is mailed with the notice. The Spanish version of this pamphlet is SSA Pub. No. 05-11098, (Inventory Control Number 487433). This leaflet explains how to question a determination about payment of title XVI claims and gives the time limits for questioning the determination. If appeals paragraph 878 is used on an initial notice substitute the pamphlet listed in the next section.

For reconsideration affirmation of denials, partially favorable reconsideration determinations, e.g., a later date of birth or a later onset date, adverse reopenings, or medical cessations, SSA Pub. No. 70-10281, "Appeal Rights Under the Social Security Law," (Inventory Control Number 469055) is sent with the notice. The Spanish version of this pamphlet is SSA Pub. No. 70-10283 (Inventory Control Number 481755). This leaflet explains the procedure to follow if a hearing is requested because of a disagreement on a claim for SSI payments. The leaflet also explains the right to appeal the decision made after the hearing.

31501.030 Personalized Notices—Title II and Title XVI—Preparation and Release

A. Initial and Reconsideration Title II and Title XVI Denials

Except for the DDS's that have received permission to produce merged text notices, the DDS will prepare standard word processed or preprinted form notices with attachments containing required personalized information in every initial and reconsideration title II and title XVI medical and medical/vocational denial. When a preprinted form notice is unavailable, the DDS will type the entire form notice using available blank form notices and stock paragraphs.

Except for merged text notices, necessary personalized information will be typewritten on Forms SSA-4268-U4/SSA-4268-C4) (Explanation of Determination). Form SSA-4268-U4/C4 has been converted to a full page attachment. Existing supplies of the half page attachment form can be used until supplies have been exhausted. Since the SSA-4268-U4/C4 has been converted to a full page, every personalized explanation should fit on the full page attachment.

If the form letter number and rider are not indicated in item 29 of the SSA-831-U5 SSA-832-U5, or SSA-833-U5, write or type the form number of the preprinted denial letter (and the rider number if a rider will be included in the notice) to which the SSA-4268-U4 or SSA-4268-C4 must be attached in the lower left hand corner of the SSA-4268-U4/C4. This is to facilitate association of the complete notice(s). The technical rationale when required by DI 27015.120, will be printed or typewritten on another SSA-4268-U4/C4.

In title XVI denials, additional Medicaid or State supplementation paragraphs may be required. These paragraphs are provided on preprinted riders and should be selected according to the chart in DI 31505.001. Only one rider is appropriate for each State. The appropriate fill-ins are found in DI 31505.001. If information is received that a claimant has changed his/her address during adjudication, the DDS should contact the district office by telephone and verify his/her State or residence for Medicaid and State supplementation purposes. If a rider is not available for the new State of residence, the appropriate paragraphs should be typed on a blank rider "O" (Para. 800). The chart in DI 31505.001 identifies the appropriate rider to use as a model.

Additional paragraphs that must be sent to claimants may be typewritten on the blank "O" rider (Para. 800) or on the preprinted rider if there is room. If there is no room, the information on the rider and the additional paragraph(s) may be typewritten on the SSA-L4268-U4/C4 or plain bond paper. If the paragraphs are typed on the SSA-L4268-U4/C4, the DDS should add the heading, "Additional Information About Your Claim" after the personalized explanation. This will separate the additional information from the personalized explanation. In addition, the claimant's name and social security number must be typewritten on each attachment and rider. When a preprinted notice is used, the personalized attachment and rider or plain bond attachment will be stapled to the preprinted denial notice and released to the claimant unless the case is selected for PER or QA review.

In QA cases, the undated personalized notice will be folded under the flap of the appropriate envelope and will be placed in the claims folder for release by the appropriate office. In special handling cases, prepare the personalized explanation and clip it inside the folder for release with the appropriate notice. Initial denials in which the DDS has difficulty preparing the notice or determining the proper notice are no longer special handling cases. The DDS will contact the ARC-Program for assistance when the proper notice cannot be determined.

In concurrent initial and reconsideration title II/title XVI denials, and in initial DIB/DWB, DIB/CDB denials, it will be necessary to prepare a separate notice and personalized attachment for each claim. However, when the basis for the denial is the same for both claims, (i.e., both are denied for medical reasons only), and the contents of the personalized explanation are the same (e.g., decision and concluding paragraphs), the personalized attachment may be photocopied and attached to each denial notice. The correct SSN should be shown on each copy. In title II reconsideration claims, one Form SSA-L928-U2 notice may be used for both claims. Instructions for notifying attorneys, representatives and third parties, for disclosing information and for returning documents are contained in DI 26535.015.

B. Initial and Reconsideration Title II and Title XVI Closed Period and Unfavorable Onset Date Allowances

The DDS will prepare the SSA-L1157-U2-DI for title II or the SSA-L1157-U2-SI for title XVI and attachment containing required personalized information for closed period and unfavorable onset date allowances. The instructions for completing the SSA-4268-U4/C4 for denials (above) also apply to closed period/unfavorable onset cases. See DI 26535.030 when a capability issue is raised.

In title II claims an unfavorable onset date allowance is one in which the date of onset is set, for nontechnical reasons, later than the date alleged by the claimant. A claim in which the onset is set later than alleged but which allows payment or entitlement to medicare for the disabled at the earliest date based on the retroactivity of the application, number holder's date of death or first month of entitlement and DIB claims when the AOD is earlier than the date insured status is first met and the onset is set as of the date insured status is met, do not require a personalized notice because the determination is not unfavorable. In title XVI claims, an unfavorable onset date allowance is one in which the date of onset is set later than the application date. Under both titles, a closed period allowance is unfavorable if the onset or cessation date is different from that alleged by the claimant.

The preprinted form notice indicates that the claimant must meet certain medical and nonmedical requirements to be entitled to disability benefits/payments. It also indicates that a decision has been made that he/she meets the medical requirement, and that a second notice will be sent as soon as a decision is made as to whether or not the nonmedical requirement is met. The personalized attachment will be prepared as outlined in subsection A. above.

If the DDS learns that the DO has input a denial for technical reasons, the interim personalized notice should not be released.

The regular Award Certificate and Notices of Payment Decisions will continue to be generated and sent to claimants based on instructions to DO/BO, and PC.

C. Other Considerations

The personalized attachment will be stapled to the preprinted notice and released to the claimant, unless the claim is selected for a preeffectuation review. In this situation, the personalized notice will be folded and placed under the flap of an envelope bearing a return address zip code of 21235 for title XVI or 21241 for title II. The notice and envelope will be clipped inside the right side of the folder. The notice will be released by the appropriate office.

Instructions for notifying attorneys, representatives, third parties and for disclosure, etc., in these claims are contained in DI 26535.015.

31501.035 Spanish Language Personalized Notices

If the DO has determined that Spanish language notification is required (see GN 99001), the remark, "Spanish Notice Required" will appear in item 34 of the SSA-831-U5. An English notice with a Spanish coversheet or an English and Spanish notice is sent. Prepare the personalized attachment in English in all cases (except in Puerto Rico). A complete notice will contain both English and Spanish versions of the appropriate pamphlet(s).

Prepare an English notice with a Spanish coversheet (see GN 99003ff) if the text of the notice must be typed on a blank form notice.

Prepare an English and Spanish notice if a Spanish version of an English language form notice is available. (Spanish language versions of title II and title XVI initial and reconsideration form notices and title XVI State supplementation/Medicaid paragraph riders are currently available.) Type any additional paragraphs in English on the personalized attachment, an "O" Rider (Para. 800), or on the Medicaid/State supplementation rider. If a claimant moves to another State and a Spanish Medicaid/State supplementation rider is not available, type the appropriate paragraphs in English on the personalized attachment, or on "O" Rider (Para. 800). The completed English and Spanish notice will be assembled in the following order:

A. English form notice
B. English Medicaid/State supplementation rider, if applicable
C. Personalized attachment
D. Spanish form notice
E. Spanish Medicaid/State supplementation rider

31501.040 Personalized Explanation Preparation Guide Form

Personalized Explanation Preparation Guide

(Typist: Type information checked and entered. Do not type instructions in parenthesis.) (Examiner: Check information and enter paragraph numbers as appropriate. Also, line through "s" or multiple words which are not to be part of sentence.)

___ The following reports was/were used to decide your claim. (Initial)
___ The following reports was/were used to decide your claim in addition to those listed on our previous notice. (Recon—added medical evidence)
___ Since no additional evidence was submitted, the reports listed in our previous notice was/were used to decide your claim. (Recon—no added medical evidence.)
___ We were unable to obtain any evidence needed to evaluate your claim (Initial—no medical evidence).
___ ____
____
____
(Show name of medical source and date of report. Show the period the report covers.)
___ (Additional reports were not obtainable, however, the ones shown below had enough information to evaluate your condition. (Sufficient medical evidence—not all reports obtainable)
___ (Optional for partially favorable allowances) The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.
___ (In denial determinations enter the decision paragraph(s) as indicated in the charts in DI 26530.025-DI 26530.040.)
___ You said that you are unable to work because ________________________________
____
____
____
____
(Enter impairments evaluated. Exercise care not to offend or upset the claimant.)
___ We have evaluated blindness-related impairments only because you do not meet the earnings requirements for non-blind disability benefits.
___ The medical evidence shows ________________________________
____
____
____
Enter what the medical evidence shows.)
___ Based on your description of the job you performed as a ___(1)___ for the past ___(2)___ years, we have concluded that you have the ability to return to this job. (Fill-ins: (1) job title, (2) no. of years.)
___ We realize that your condition keeps you from doing ___(1)___, but it does not keep you from doing ___(2)___. Based on your age ___(3)___, education ___(4)___, and past work experience you can do other work. (fill-ins: (1) Use "any of your past jobs" or for those claimants who haven't worked, use "some types of work", (2) specify the claimant's capacity to do other work which is less demanding (refers to exertion, mental, skill level) or requires less physical effort in general terms, e.g., lighter work, (3) age, (4) education.)
___ Add a concluding statement, if applicable, for the specific denial as indicated in the charts in DI 26530.025-DI 26530.040

31501.045 Name, Title and Signature Requirements

A. Operating Policy

1. GENERAL

All notices must go out over the name, and title of an appropriate SSA official. Notices produced on laser printers must also include a signature.

2. PURPOSE

This policy ensures that the name and title of the appropriate line official will be placed on those notices which are most likely to prompt public inquiry.

3. RELATED REFERENCES

CN 00601.001 ff.

4. WHEN TO USE

On all DDS notices prepared to inform of disability determinations.

a. **Use on all predetermination notices** and on **all** favorable, unfavorable, partially favorable **determination notices,** i.e., initial claims, continuing disability reviews, reopenings, reconsiderations, etc.

b. **Do not use on attachment forms,** i.e., SSA-4268, riders, etc.; **informational notices,** i.e., SSA-L-1157; fact sheets, etc.; **internal communication,** i.e., SSA-865; etc.

5. FORMAT TO USE

a. **Disability Determination Services (DDS)**

The format is:

(Name of SSA Regional Commissioner)
Regional Commissioner

b. **Federal DDS**

The format is:

(Name of Associate Commissioner for Disability)
Associate Commissioner for Disability

B. Operating Procedures

Type the name and title as follows:

1. PREPARED NOTICES

a. **Place** 4 lines below the last paragraph of the notice (not attachments).

b. **Place** 4 1/2 inches from the left margin.

c. **Insert** on notices with adjustable body lengths produced on word processors or typewriters to meet above specifications.

d. **Reprogram** the system for computer-generated notices to meet above specifications.

e. **Include** a signature when laser printers are used.

2. PRE-PRINTED FORMS

a. **Type** name and title only if there is adequate space at the bottom of the notice (not attachments).

b. **Omit** if not enough space. Leave at least one inch at bottom of page below the title.

c. **Omit** on existing forms unless name and title will appear above printed enclosure lines.

BASIC
SSA Pub. No. 68-0431500
January 1986

Audience: DO/BO/TSC--OS, RR; PSC--CRTA,
DE, DEC, DTE, IES, RECONR; ODO--CT, CTTA,
DE,DEC, DS, LSC, RECONE,
INTPSC--CC, CIES, ERE, FCR, FDE, RECONE;
DDS-- ADJ, DHU.

Originating Office: SJH- 92

PROGRAM OPERATIONS MANUAL SYSTEM
Part 04 - Disability Insurance
Chapter 315 - Correspondence
Subchapter 05 - Stock Paragraphs

New Material	No. of Pages
Conversion Chart	1
Table of Contents (DI 31505.000)	1
DI 31505.001 - DI 31505.001 (Cont.)	20

Background

Part 04 (Disability Insurance) of the Program Operations Manual System (POMS) has been reorganized into three user-component segments following a work or case flow sequence. These segments are: district office (DO) procedures; disability determination services (DDS) procedures; and processing center (PC) procedures.

This transmittal contains material for the DDS procedures segment. The material does not change existing policy and procedures (unless specifically noted in the "Explanation of Manual Changes"). However, it may clarify or simplify certain existing instructions. In addition, references to the Social Security Act and Code of Federal Regulations have been added where appropriate.

Explanation of Manual Changes

This subchapter lists all numbered paragraphs used in notices in numerical order.

Chapter 315 - Correspondence

Subchapter 05 - Stock Paragraphs

Old POMS Disability Insurance (DI) Reference	***New POMS Reference***
01007.205	DI 31505.001
01007.206	DI 31505.001
01007.210	DI 31505.001
01007.220	DI 31505.001
01007.230	DI 31505.001
01007.231	DI 31505.001
01007.232	DI 31505.001
01007.233	DI 31505.001
01007.240	DI 31505.001
01007.250	DI 31505.001
01007.260	DI 31505.001
01007.310	DI 31505.001
01007.320	DI 31505.001
01007.330	DI 31505.001
01007.340	DI 31505.001
01007.350	DI 31505.001
01007.360	DI 31505.001
01007.370	DI 31505.001

31505.000 Stock Paragraphs

Section

Paragraphs Used in Notices........ 31505.001

Stock Paragraphs

31505.001 Paragraphs Used In Notices

The following are standard "stock paragraphs" presented in numerical order.

140 HEARING PARAGRAPH FOR RECONSIDERED CASES

We hope this satisfactorily explains the reason for the determination in your case. If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You should make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

0152 TERMINATION, SUSPENSION, OR RESUMPTION-SSA DETERMINES MEDICAID ELIGIBILITY

For information about any change in your Medicaid eligibility caused by this action, you should get in touch with ...(Choose closing line below).

Closing Language for Medicaid Referral Paragraphs by State

State	*Medicaid—State Supplementation Rider No.*	*Allowance*	*Denial*	*Suspension, Termination, Resumption*	*Closing Language (Spanish Translation for Spanish Riders)*
Alabama	4	1150	1150	0152	-the State agency which handles eligibility for medical assistance. (la Agencia Del Estado Que Dirige la Eligibilidad de Asistencia Medica.)
Alaska	5	1151	1151	None	-the district office of the Alaskas Division of Public Assistance. (la Oficina del distrito de la Division de Asistencia Publica de Alaska.)
Arizona	7	None	None	None	
Arkansas	10	1150	1153	0152	-the local Social Services Office. (la Oficina de Servicios Sociales.)
California	3	1150	1153	0152	-the County Welfare Department. (el Departamento de Bienestar del condado.)
Colorado	6	1150	1153	0152	-the County Department of Social Services. (el Departamento de Servicios Sociales del condado.)
Connecticut	5	1151	1151	None	-the Connecticut State Department of Social Services District Office. (el Departamento de Servicios Sociales del Estado de Connecticut, Oficina de distrito.)
Delaware	3	1150	1153	0152	-the Division of Social Services for the State of Delaware. (Division de Servicios Sociales de Delaware.)
Florida	6	1150	1153	0152	-the State of Florida local office of Health and Rehabilitative Services. (la Oficina local de Salud y Servicios de Rehabilitation del Estado de Florida.)
Georgia	10	1150	1153	0152	-the local Department of Family and Children Services. (el Departamento local de Servicios Para la Familia y Ninos.)
Hawaii	2	1151	1151	None	-the Hawaii Department of Social Services and Housing, Public Welfare Division. (el Departamento local de Servicios y de Vivienda del Estado de Hawaii, Division de Bienestar Publico.)

Closing Language for Medicaid Referral Paragraphs by State (Cont.)

State	*Medicaid—State Supplementation Rider No.*	*Allowance*	*Denial*	*Suspension, Termination, Resumption*	*Closing Language (Spanish Translation for Spanish Riders)*
Idaho	5	1151	1151	None	-the local office of the Idaho Department of Health and Welfare. (la Officina local del Departmento de Salud y Bienstar de Idaho.)
Illinois	5	1151	1151	None	-the State agency which handles that program. (la Agencia del Estado que dirige ese programa.)
Indiana	5	1151	1151	None	-the local County Welfare Department. (el Departamenta local de Bienestar del condado.)
Iowa	3	1150	1153	0152	-the local Social Services Office. (la Oficina local de Servicios Sociales.)
Kansas	9	1151	1451	None	-the local Social and Rehabilitation Services Office. (la Oficina local de Servicios, Sociales y de Rehabilitacion.)
Kentucky	6	1150	1153	0152	-the Department for Human Resources, Bureau for Social Insurance. (el Departamento de Recursos Humanos, Negociado de Seguro Social.)
Louisiana	8	1150	1150	0152	-the parish office of the Louisiana Office of Family Security. (Su Officiana de Condado de Louisiana Office of Family Security.)
Maine	3	1150	1153	0152	-your nearest State Welfare Office. (las Oficina mas cercana de Bienestar del Estado.)
Maryland	6	1150	1153	0152	-the local Department of Social Services which handles eligibility for medical assistance. (el Departamento Local de Servicios Sociales Que Dirige Eligibilidad para la asistencia medicia.)
Massachusetts	3	1150	1153	0152	-the Massachusetts Department of Public Welfare Office nearest you. (la Oficina mas cercana del Departamento de Bienestar Social de Massachusetts.)
Michigan	1	1150	1150	0152	-the local Department of Social Services. (la Oficina Local del Departamento de Servicios Sociales.)
Minnesota	5	1151	1151	None	-the county welfare department or social service agency. (el Departamento de Bienestar del condado o la Agencia de Servicios Sociales.)
Mississippi	10	1150	1153	0152	-the Mississippi Medicaid Commission. (la Comision de Medicaid de Mississippi.)
Missouri	5	1151	1151	None	-your local Division of Family Services Office. (la Oficina local de la Division de Servicios Familiares.)
Montana	3	1150	1153	0152	-the county Welfare Office.

Closing Language for Medicaid Referral Paragraphs by State (Cont.)

State	Medicaid—State Supplementation Rider No.	Allowance	Denial	Suspension, Termination, Resumption	Closing Language (Spanish Translation for Spanish Riders)
					(la Oficina de Bienestar del condado.)
Nebraska	5	1151	1151	None	-the county Welfare Office. (la Oficina de Bienestar del condado.)
Nevada	2	1151	1151	None	-the Nevada State Welfare Division District Office. (la Oficina del distrito, Division de Bienestar del Estado de Nevada.)
New Hampshire	5	1151	1151	None	-your local Division of Welfare District Office. (la Oficina local de la Division de Bienestar.)
New Jersey	3	1150	1153	0152	-the local Medicaid Office in your area. (la Oficina local del Medicaid en su area.)
New Mexico	6	1150	1153	0152	-the local county Income Support Division of the Department of Human Services. (la Oficina de la Division de Mantenimiento de Ingresos del condado local, Departamento de Servicios Humanos.)
New York	3	1150	1153	0152	-the local social services agency. (la Agencia local de Servicios Sociales.)
North Carolina	5	1151	1151	None	-the local Social Services Office. (la oficina local de Servicios Sociales.)
North Dakota	5	1151	1151	None	-the County Social Service Board which handles that program. (la Junta del Servicio Social del condado que dirige ese programa.)
Ohio	9	1151	1151	None	-the County Welfare Department.. (el Departamento de Bienestar del condado.)
Oklahoma	5	1151	1151	None	-the Oklahoma Department of Institutions, Social and Rehabilitative Services.. (el Departamento de Instituciones de Oklahoma, Servicios Sociales y de Rehabilitacion.)
Oregon	5	1151	1151	None	-Your local Oregon State Adult and Family Services Division. (la Oficina local de la Division de Servicios de Adultos y Familias)
Pennsylvania	3	1150	1153	0152	-the County Board of Assistance. (la Junta de Asistencia del condado.)
Rhode Island	3	1150	1153	0152	-the nearest State Welfare Office. (la Oficina mas cercana de Bienestar del Estado.)
South Carolina	6	1150	1153	0152	-the local county department of Social Services. (el Departamento local de Servicios Sociales del condado.)
South Dakota	6	1150	1153	0152	-medical eligibility counselor in the local Welfare Office.

Closing Language for Medicaid Referral Paragraphs by State (Cont.)

State	*Medicaid—State Supplementation Rider No.*	*Allowance*	*Denial*	*Suspension, Termination, Resumption*	*Closing Language (Spanish Translation for Spanish Riders)*
					(el consultor de elegibilidad medica en la Oficina local de Bienestar.)
Tennessee	10	1150	1153	0152	-the Tennessee Department of Human Services. (el Departamento de Servicios Humanos de Tennessee.)
Texas	10	1150	1153	0152	-the Texas Department of Human Resources. (el Departamento de Recursos Humanos de Texas.)
Utah	5	1151	1151	None	-the local District Office of the Utah Assistance Payments Administration. (la Oficina local del Distrito, Administracion de Asistencia de Pagos de Utah.)
Vermont	3	1150	1153	0152	-the Social Welfare District Office serving the town. (la Oficina del Distrito de Bienestar Social que sirve su cuidad.)
Virginia	5	1151	1151	None	-the local welfare/Social Service Office. (la Oficina local de Servicio Social/Bienestar.)
Washington	3	1150	1153	None	-the local office of the Department of Social and Health Services. (la Oficina local del Departamento de Estado de Washington, Servicios Sociales y de Salud.)
West Virginia	10	1150	1153	0152	-the local Department of Welfare. (el Departamento local de Bienestar.)
Wisconsin	3	1150	1153	0152	-the County Department of Public Assistance and Social Services. (el Departamento de Servicios Sociales o Bienestar Publico del condado.)
Wyoming	6	1150	1153	0152	-the County Department of Public Assistance and Social Services. (el Departamento de Asistencia Publica y Servicios Sociales del condado.)
District of Columbia	11	1150	1150	0152	-the Department of Human Services, Income Maintenance Administration, which handles eligibility for Medical Assistance. (el Departamento de Servicios Humanos, la Administracion de Mantenimiento de Ingreso, que maneja la eligibilidad de asistencia medica.)

301 CHILD NOT DISABLED BEFORE AGE 22 ATTAINED (AGE 22 OR OLDER)

We have determined that your condition was not disabling before age 22. In deciding this, we studied your records, including the medical evidence and considered your education and training in determining how your condition affects your ability to work.

301(A) CHILDHOOD DISABILITY—LAW PARAGRAPH

Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's age, education, and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

NOTE: *IF CHILD IS UNDER AGE 22, ALSO ADD PARAGRAPH 525(c).)*

302 CHILD NOT DISABLED THROUGH POINT OF DECISION (NOT YET AGE 22)

We have determined that your condition is not disabling. In deciding this, we studied your records, including the medical evidence, and considered your education and training.

305 TITLE II MEDICAL CESSATION APPEALS LANGUAGE—ADVANCE NOTICE REQUIRED—SSI Payments Being Made

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to ask for a hearing. If you ask for a hearing, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO ASK FOR A HEARING after you get this notice. If you wait more than 60 days, you must have a good reason.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME PAYMENT

We will not change your payment if you ask for a hearing within 10 days after getting this notice. You will keep getting your same payment until we decide your case again. If you lose your appeal, you will be asked to pay this money back, although you will have the right to ask that you not be required to pay it back. If you win your appeal, any money you are due will be paid. A Social Security office can explain your rights and responsibilities to you in greater detail.

HOW TO ASK FOR A HEARING

TO ASK FOR A HEARING, YOU MUST MAKE A REQUEST IN WRITING. Be sure you tell us your name, social security, and why you think we are wrong. If you cannot write to us, call our office or come in and someone will help you.

If you ask for a hearing, an administrative law judge will review your case. The judge will let you know where and when the hearing will be held.

At the hearing, the judge will explain all the facts in your case and all of the questions to be decided. The judge will also explain the law. Then, you can tell the judge why you think we are wrong. You can give more facts to help prove you are right. You can also bring other people to help explain your case.

You can ask the judge to have other people come to the hearing to help prove you are right. You can question these people at the hearing. The judge can also have these people bring important papers about your case.

You do not have to go to the hearing. A lawyer, friend, or someone else can go to the hearing and explain your case for you. Even if you do not go to the hearing, you can give evidence to help prove you are right. If you do not go, the judge will still decide your case based on all the facts in your file plus any new evidence you send.

There are groups that can help you with your appeal. Some of these groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

The enclosed booklet tells more about what you can do if you think we are wrong. Please read this booklet and keep it in case you have questions later.

314 DISABILITY DENIAL—GENERAL CLOSEOUT PARAGRAPH

In addition, you are not entitled to any other benefits based on this application. If you have applied for other benefits, you will receive a separate notice when a decision is made on that claim.

320.6 DWB—EXPLANATION OF THE DISABILITY REQUIREMENT AND THE PRESCRIBED PERIOD

To be considered disabled, a widow, widower, or surviving divorced spouse (age 50 to 60) must have a physical or mental condition that is severe enough to keep a person from working. The condition must have lasted or be expected to last for at least 12 months in a row.

The person's disability must start:

> not later than 7 years after the month of death of the wife or husband, or;
>
> for a widow, widower or surviving divorced spouse formerly entitled to mother's or father's benefits not later than 7 years after the month those benefits ended, or;
>
> for a widow/widower or surviving divorced spouse who was previously disabled and who becomes disabled again, not later than 7 years after the period of disability ended.

324 CLAIM FILED AFTER DEATH—NOT DISABLED AT ANY TIME EARNINGS REQUIREMENT MET—MEDICAL CONSIDERATION ALONE

___(1)___ condition was not disabling on any date through ___(2)___, when he/she was last insured for disability benefits. In deciding this, we considered the medical evidence, your statements, and how the condition affected his/her ability to work.

Fill-ins: (1) NH'S NAME
(2) DATE DISABILITY I/S LAST MET

324(A.) DIB—NOT DISABLED BEFORE INSURED STATUS EXPIRED

We have determined that your condition was not disabling on any date through ___(1)___, when you were last insured for disabilty benefits. In deciding this, we studied your records, including the medical evidence and your statements, and considered your age, education, training and work experience in determining how your condition affected your ability to work.

Fill-in: (1) DATE DISABILITY I/S EXPIRED

324(B.) CLAIM FILED AFTER DEATH—NOT DISABLED AT ANY TIME EARNINGS REQUIREMENT MET

__(1)__ condition was not disabling on any date through __(2)__, when he/she was last insured for disability benefits. In deciding this, we considered how much his/her condition had affected his/her ability to work. We studied his/her records, including the medical evidence and your statements, and considered his/her age, education, training, and work experience.

Fill-ins: (1) NH'S NAME
(2) DATE DISABILITY I/S LAST MET

324.2 WIDOW(ER) NOT DISABLED BEFORE PRESCRIBED PERIOD EXPIRED

We have determined that your condition was not disabling on any date before __(1)__, the date your specified 7-year period ended. In deciding this, we considered the medical evidence and your statements.

Fill-in: (1) LAST DAY OF THE P/P (MO/DA/YR)

329 CLAIM FILED AFTER DEATH—NOT DISABLED—LACK OF SEVERITY—MEDICAL CONSIDERATION ALONE __(1)__ condition was not severe enough to prevent him/her from doing any substantial gainful work, nor was it the cause of death. In deciding this, we considered the medical evidence, your statements, and how the condition affected his/her ability to work.

Fill-in: (1) NH'S NAME

330 LACK OF SEVERITY (THIS PARAGRAPH IS NOT USED IN CDB DENIALS.)

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

330(A.) ADVICE REGARDING WORSENING OF CONDITION

If your condition gets worse and keeps you from working write, call or visit any Social Security office about filing another application.

330(B.) DWB DENIAL—ADVICE REGARDING WORSENING OF CONDITION

If your condition gets worse, write, call or visit any Social Security office about filing another application. The last day of your specified 7-year period is __(1)__.

Fill-in: (1) LAST DAY OF P/P (MO/DA/YR)

330(D.) ADVICE REGARDING DECISION TO FOLLOW PRESCRIBED TREATMENT

If you should decide to follow the prescribed treatment, or if you have more information showing why you should not, write, call or visit any Social Security office.

330.1 WIDOW(ER)'S IMPAIRMENT NOT SUFFICIENTLY SEVERE

We have determined that your condition is not severe enough to be considered disabling. In deciding this, we considered the medical evidence and your statements.

330.2 CLAIM FILED AFTER DEATH—NOT DISABLED—LACK OF SEVERITY __(1)__ condition was not severe enough to keep him/her from doing any substantial gainful work, nor was it the cause of his/her death. In deciding this, we considered how much his/her condition had affected his/her ability to work. We studied his/her records, including the medical evidence and your statements, and considered his/her age, education, training and work experience.

Fill-in: (1) NH'S NAME

330.3 IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE

We have determined that your condition is not severe enough to be considered disabling. In deciding this, we considered the medical records, your statements, and how your condition affects your ability to work.

330.4 DIB—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE—NOT DISABLED BEFORE INSURED STATUS EXPIRED

We have determined your condition was not disabling on any date through __(1)__, when you were last insured for disability benefits. In deciding this, we considered the medical records, your statements, and how your condition affected your ability to work.

Fill-in: (1) DATE DISABILITY I/S EXPIRED

330.5 CDB—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE OR CONDITION DISABLING BUT DID NOT EXIST BEFORE AGE 22 (AGE 22 OR OLDER)

We have determined that your condition was not disabling before age 22. In deciding this, we considered the medical records, your statements and how your condition affected your ability to work.

330.6 DIB DENIAL—EXPLANATION OF DISABILITY REQUIREMENT

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep the person from working not only in his or her usual job but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

330.8 CDB—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE (NOT YET AGE 22)

We have determined that your condition is not disabling. In deciding this, we considered the medical evidence and your statements.

331 IMPAIRMENT NOT EXPECTED TO LAST 12 MONTHS

We have determined that your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence, your statements and how your condition affected your ability to work.

331(A.) ADVICE REGARDING FAILURE TO IMPROVE—IMPAIRMENT IS SEVERE BUT IS NOT EXPECTED TO LAST 12 MONTHS

If your condition does not improve as expected, write, call or visit any Social Security office.

331(E.) CLAIM FILED AFTER DEATH—NOT DISABLED—IMPAIRMENT IS SEVERE AT TIME OF DEATH BUT WOULD NOT HAVE BEEN EXPECTED TO LAST 12 MONTHS

___(1)___ condition was severe at the time of his/her death; however it was not expected to last for 12 months in a row, nor was it the cause of his/her death. In deciding this, we studied his/her records, including the medical evidence and statements in file, and considered his/her age, education, training and work experience.

Fill-in: (1) NH'S NAME

331.1 IMPAIRMENT DID NOT LAST 12 MONTHS

We have determined that your condition was not severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence, your statements and how your condition affected your ability to work.

331.1(A.) CLAIM FILED AFTER DEATH—NOT DISABLED—IMPAIRMENT NO LONGER SEVERE AT TIME OF DEATH AND DID NOT LAST 12 MONTHS

___(1)___ condition was not severe enough for 12 months in a row to keep him/her from working, nor was it the cause of his/her death. In deciding this, we considered how much his/her condition had affected his/her ability to work. We studied his/her records, including the medical evidence and statements in file, and considered his/her age, education, training and work experience.

Fill-in: (1) NH'S NAME

331.2 WIDOW(ER)'S IMPAIRMENT NOT EXPECTED TO LAST 12 MONTHS

We have determined that your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence and your statements.

331.3 WIDOW(ER)'S IMPAIRMENT DID NOT LAST 12 MONTHS

We have determined that your condition was not severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence and your statements.

341 EVIDENCE INSUFFICIENT FOR DISABILITY DECISION—CLAIMANT UNCOOPERATIVE IN SUBMITTING ADDITIONAL EVIDENCE

Under the law, the applicant is responsible for furnishing evidence to support the claim. Although you have been requested to furnish additional evidence, you have not done so. Therefore, a determination has been made based on the evidence in file. This evidence does not show that you are disabled.

341(A.) CLAIM FILED AFTER DEATH—INSUFFICIENT EVIDENCE

Under the law, the applicant is responsible for furnishing evidence to support his/her disability claim. Although you have been requested to furnish additional evidence, you have not done so. Therefore, a determination has been made based on the evidence in file. This evidence does not show that ___(1)___ condition was disabling.

Fill-in: (1) NH'S NAME

342 EVIDENCE INSUFFICIENT FOR DISABILITY DECISION—CLAIMANT REFUSES OR DOES NOT REPORT FOR CONSULTATIVE EXAMINATION

The evidence we now have does not show that your condition is disabling. We based our determination on this evidence because you did not take the medical examination we asked you to have at our expense. The examination was needed to fully evaluate your condition.

343 CLAIMANT DOES NOT WISH TO PURSUE—WANTS DECISION ON EVIDENCE IN FILE

Since you did not wish to continue the processing of your claim, we determined, based on the evidence in your file, that your condition is not disabling.

343(A.) DIB, CDB, DWB—CLAIMANT DOES NOT PURSUE AND DOES NOT INDICATE DECISION TO BE MADE ON EVIDENCE IN FILE

Since you did not wish to continue the processing of your claim, we determined, based on the evidence in your file, that your condition is not disabling. You may withdraw your claim and this determination will no longer be in effect. Your Social Security office will assist you if you wish to withdraw.

343(C.) CLAIM FILED AFTER DEATH—DENIAL—APPLICANT DOES NOT WANT TO CONTINUE DEVELOPMENT OF CLAIM

Since you did not wish to continue the processing of ___(1)___ claim, we determined, based on the evidence in file, that ___(2)___ was not disabled.

Fill-in: (1) NH'S NAME
(2) NH'S NAME

381 FAILS TO FOLLOW PRESCRIBED TREATMENT

We have determined that you are not entitled to ___(1)___ because you are not following the treatment prescribed for you. A person who is unable to do substantial gainful work may qualify for ___(2)___, but not if he/she refuses to follow prescribed treatment that could restore his/her ability to work.

Fill-ins: (1) DISABILITY BENEFITS/SUPPLEMENTAL SECURITY INCOME PAYMENTS
(2) BENEFITS/PAYMENTS

381(A.) CLAIM FILED AFTER DEATH—DENIAL—IMPAIRMENT WAS SEVERE BUT NUMBER HOLDER FAILED TO FOLLOW PRESCRIBED TREATMENT

___(1)___ was not entitled to disability benefits because he/she was not following the treatment prescribed for him/her at the time of his/her death. A person who is unable to do substantial gainful work may qualify for disability benefits, but not if he/she refuses to follow prescribed treatment that could restore his/her ability to work.

Fill-in: (1) NH'S NAME

396 DWB CESSATION—MEDICAL EVIDENCE INDICATES ABILITY TO PERFORM SGA

You have been receiving benefits under a special provision of the Social Security Act which provides for the payment of benefits to disabled widows and widowers under age 60. To qualify for such benefits an individual must have a condition so severe as to ordinarily prevent her/him from working. Medical conditions which meet this requirement are described in the Social Security Regulations; disability benefits end when this requirement is not met. The law continues benefits, however, for 2 months after the month in which the person's condition does not meet the disability requirement of the law. The medical evidence in your case shows that your condition does not meet the disability requirement of the law in ___(1)___. Accordingly, the last disabled widow's/widower's benefit check to which you are entitled is for the month of ___(2)___.

If your condition worsens you should contact your Social Security office about filing a new application.

Fill-ins: (1) MM/YY
(2) MM/YY

399 TITLE II “LEAD-IN” PARAGRAPH

This notice concerns your continuing entitlement to benefits under the Social Security Disability program.

402 AOD BEFORE AGE 62 YEARS 7 MONTHS BUT ONSET CANNOT BE ESTABLISHED BEFORE AGE 62 YEARS 7 MONTHS OR LATER—LESS THAN 29 MONTHS OF PAST AND/OR FUTURE DISABILITY ENTITLEMENT PRIOR TO AGE 65

We have determined that you are not entitled to Medicare coverage for the disabled. However, you may be entitled to Medicare coverage at age 65, whether or not you are disabled. A person must be disabled for ___(1)___ months before his/her Medicare coverage begins. Because your condition was not disabling on any date through ___(2)___, your Medicare coverage could not begin until you reach age 65.

Fill-in: (1) SHOW “29” FOR NH AND DISABLED WIDOW(ERS) CLAIMS
Show “24” for Disabled Child Claims
(2) DATE CLAIMANT IS AGE 62 AND 7 MONTHS FOR NH OR DWB; AGE 63 FOR CDB CLAIMS

409 PERSONALIZED NOTICE LEAD-IN LANGUAGE

Attached is an explanation of how we decided your claim.

416 TITLE XVI CLAIM ESCALATED TO RECONSIDERATION LEVEL

Because you had already requested reconsideration on your social security disability claim when you filed your supplemental security income claim, we processed your supplemental security income claim as though you had requested reconsideration on it as well. Thus, this determination is both an initial and reconsideration determination.

522.5 CDB—REENTITLEMENT—NOT DISABLED AT ANY TIME BEFORE 7-YEAR PERIOD ENDED

We have determined that your condition was not severe enough on any date before ___(1)___, the date your 7-year period ended.

Fill-in: (1) LAST DAY OF SPECIFIED PERIOD

522.6 CDB—REENTITLEMENT—DISABILITY MORE THAN 7 YEARS AFTER PRIOR PERIOD ENDED CANNOT SERVE TO QUALIFY

A person cannot be entitled to childhood disability benefits based on a medical condition which became disabling after the 7-year period ended.

522.7 CDB—REENTITLEMENT—ADVICE REGARDING WORSENING OF CONDITION

If your condition gets worse before ___(1)___, the date your 7-year period ends, write, call or visit any Social Security office about filing another application for childhood disability benefits.

Fill-in: (1) LAST DAY OF SPECIFIED PERIOD

525(C.) CDB—DENIED BEFORE AGE 22—POSSIBLE WORSENING OF CONDITION

If ___(1)___ condition gets worse and keeps ___(2)___ from doing any substantial gainful work before age 22, write, call or visit any Social Security office about filing another application.

Fill-ins: (1) YOUR/HIS/HER
(2) YOU/HIM/HER

556 RECONSIDERATION AFFIRMATION LEAD-IN PARAGRAPH

We have reconsidered your claim and find that the previous determination was correct. Your claim was independently reviewed by a physician and a disability examiner in the State agency which works with us in making disability determinations. All the evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision.

575 DWB—DATE PRESCRIBED PERIOD REQUIREMENT LAST MET

The last day of your specified 7-year period is ___(1)___.

Fill-in: (1) MM/DD/YY

585 ESCALATED TITLE II CLAIM-TITLE XVI CLAIM AT RECONSIDERATION LEVEL

Because you had already requested a reconsideration on your supplemental security income claim when you filed for social security disability benefits, we processed your social security claim as though you had requested a reconsideration on it as well. This notice is both an initial and reconsideration determination.

587 ESCALATED TITLE II CLAIM-OTHER TITLE II CLAIM AT RECONSIDERATION LEVEL

You asked us to reconsider your ___(1)___ claim before we had given you our initial determination on your ___(2)___ claim. We processed your ___(2)___ claim as if you had requested reconsideration on it. This notice includes our initial and reconsideration determination on your ___(2)___ claim.

Fill-ins: (1) CLAIM AT RECONSIDERATION LEVEL
(2) ESCALATED CLAIM

812 LACK OF SEVERITY-ADULT DISABILITY (OTHER THAN BLINDNESS)

(N30) To get supplemental security income dis
(N31) -ability payments, you must be unable to
(N32) do any substantial gainful work because of a
medical condition which has lasted or is
expected to last at least 12 months in a row.
Your age, education, training, and past work
experience are also considered in this deci-
sion. We have just finished another careful
review of your case. We looked again at all
your medical records and considered every-
thing you told us about your condition. The
evidence in your case shows you still do not
meet the disability requirements of the law.
Because of this, supplemental security in-
come payments cannot be sent to you.

813 LACK OF SEVERITY-BOTH BLINDNESS AND DISABILITY CONSIDERED-ADULT

(N41) To receive supplemental security income dis-
ability payments because of blindness,
(N42)
(N43) your vision must be severely limited, as
(N44) defined in the law. You can also get
(N45) disability payments if you have a medical
(N46) condition which has lasted or is expected to
last 12 months in a row and is serious enough
to keep you from doing any kind of substan-
tial gainful work. Your age, education, train-
ing, and past work experience are also con-
sidered in making this decision. We have just
finished another careful review of your case.
We looked again at all your medical records
and considered everything you told us about
your condition. The evidence in your case
shows that you still do not meet the disability
requirements of the law.

832 BLINDNESS CESSATION—FAILURE TO COOPERATE

NOTE: *Use insert (1) if claimant did not furnish required evidence. Use insert (2) if claimant did not take required medical exam.*

We need information to decide if you are still disabled. Although you have been asked to (1) furnish the required information, it has not been submitted (2) take a medical reexamination at our expense, you have not done so. Therefore, based on the evidence we have, we cannot determine that your eligibility as a blind person continued beyond _____. If you meet all other requirements of the law, you can receive payments for 2 months after your blindness eligibility ends. Therefore, _____ is the last month you could receive payments.

833 BLINDNESS CESSATION—INDIVIDUAL NOT DISABLED

Based on evidence in your case, and including review by a physician of an agency of your State, it has been found that in _____ you do not meet the blindness provisions of the supplemental security income law. Your possible eligibility for payments under the disability provisions of the law was also considered. However, the evidence in your case shows you are not disabled. If you meet all other requirements of the law, you can receive payments for 2 months after your blindness eligibility ends. Therefore, _____ is the last month you could receive payments.

834 BLINDNESS CESSATION—INDIVIDUAL DISABLED

Based on evidence in your case, and including review by a physician of an agency of your State, it has been found that in _____ you do not meet the blindness provisions of the Supplemental Security Income Law. Your possible eligibility for payments under the disability provisions of the law was also considered. We now find you are eligible for payments under the disability provisions of the law.

Since you are now entitled as a disabled person, the amount of your monthly payments may be affected. You will be notified later if this change does affect your payments. Also, because you are now eligible as a disabled person, you are required to inform the Social Security Administration if your condition improves or you go to work.

The enclosed pamphlet describes all the changes an individual receiving payments must report. These include changes which may affect an individual's disability status and changes which could affect an individual's eligibility under the other requirements of the law.

Notify us promptly if any of these changes should occur.

835 DISABILITY CESSATION—CHILD CLAIM—MEDICAL

Based on the evidence in this case, and including review by a physician of an agency of the State in which the child lives, it has been found that the child was not disabled effective with _____. If all other requirements of the law are met, the child can receive payments for 2 months after disability ends. Therefore, _____ is the last month this child could be eligible for payments.

839 "LEAD-IN" PARAGRAPH

This is about your claim for supplemental security income payments.

840 AGE 65 ELIGIBILITY PROVISIONS-INDIVIDUAL AGE 62-65

Supplemental security income checks are also paid to people 65 and over who have little or no income. They don't have to be blind or disabled to get these payments. When you reach 65, you can apply again for supplemental security income checks.

841 REFERENCES TO TITLE II CLAIM (DISCLAIMER PARAGRAPH)-DUAL ENTITLEMENT TITLE II-TITLE XVI CLAIM

This decision refers only to your claim for supplemental security income payments. You will receive a separate notice if you also filed a claim for social security payments.

842 REFERENCE TO TITLE XVI CLAIM-DUAL ENTITLEMENT CASE (TITLE XVI DISCLAIMER PARAGRAPH)

This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you have not already received a decision about your payments under the supplemental security income program, you will receive a separate notice shortly.

849 ADULT DISABILITY CESSATION—STATE PLAN (TO BE USED IN CONVERSION CLAIM CESSATION NOTICES)

To get supplemental security income payments, you must be found disabled under Federal rules or the rules of your State. We have found that you are not disabled under either the Federal or State rules.

849B ADULT BLINDNESS CESSATION—STATE PLAN (TO BE USED IN CONVERSION CLAIM CESSATION NOTICES)

To get supplemental security income payments, you must be found blind under the Federal rules or the rules of your State. We have found that you are not blind under the Federal or State rules.

850 NH—CAPACITY FOR SGA

We have determined that you are not entitled to Medicare coverage because your condition is not disabling. In deciding this, we considered how much your condition has affected your ability to work. We studied your records, including the medical evidence and your statements, and considered your age, education, training, and work experience. If your condition gets worse and keeps you from doing substantial gainful work, write, call or visit any Social Security office about filing another application.

851 NH—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE

We have determined that you are not entitled to Medicare coverage because your condition is not disabling. In deciding this, we considered the medical records, your statements, and how your condition affects your ability to work. If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

852 NH-IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE (DATE ER LAST MET)

We have determined that your condition was not disabling on any date through ___(1)___, when you last had enough work credits for Medicare coverage. In deciding this, we considered the medical records, your statements, and how your condition affects your ability to work.

Fill-in:

(1) DATE DISABLITY I/S EXPIRED

853 NH OR DISABLED CHILD—IMPAIRMENT NOT EXPECTED TO LAST 12 MONTHS

We have determined that you are not entitled to Medicare coverage because your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this, we considered how much your condition has affected your ability to work. We studied your records, including the medical evidence and your statements. If your condition does not improve as expected, write, call or visit any Social Security office about filing another application.

854 NH OR DISABLED CHILD—IMPAIRMENT DID NOT LAST 12 MONTHS

We have determined that you are not entitled to Medicare coverage because your condition was not severe enough for 12 months in a row to keep you from working. In deciding this, we considered how much your condition has affected your ability to work. We studied your records, including the medical evidence and your statements. If your condition gets worse, write, call or visit any Social Security office about filing another application.(Omit last sentence for a disabled child.)

855 DISABLED CHILD—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE OR CONDITION DISABLING BUT DID NOT EXIST BEFORE AGE 22 (OVER AGE 22)

We have determined that you are not entitled to Medicare coverage because your condition was not disabling before age 22. In deciding this, we considered the medical records, your statements, and how your condition affects your ability to work.

856 DISABLED CHILD—IMPAIRMENT NOT SEVERE—MEDICAL CONSIDERATION ALONE OR CONDITION DISABLING BUT DID NOT EXIST BEFORE AGE 22 (UNDER AGE 22)

We have determined that you are not entitled to Medicare coverage because your condition is not disabling. In deciding this, we considered the medical evidence and your statements.

857 DISABLED CHILD—CAPACITY FOR SGA—VOCATIONAL CONSIDERATION (OVER AGE 22)

We have determined that you are not entitled to Medicare because your condition was not disabling before age 22. In reaching this decision, we considered how much your condition has affected your ability to work. We studied your records, including the medical evidence, and considered your education and training.

858 DISABLED CHILD—CAPACITY FOR SGA—VOCATIONAL CONSIDERATION (UNDER AGE 22)

We have determined that you are not entitled to Medicare coverage because your condition is not disabling. In deciding this, we studied your records, including the medical evidence, and considered your education and training.

859 NH—NOT DISABLED BEFORE INSURED STATUS EXPIRED

We have determined that you are not entitled to Medicare coverage because your condition was not disabling on any date through ___(1)___, when you last had enough work credits for Medicare coverage. In deciding, we studied your records, including the medical evidence and your statements and considered your age, education, training and work experience in determining how your condition affected your ability to work.

Fill-in: (1) DATE DISABILITY I/S EXPIRED

864 EXPIRATION OF WIDOW(ER)'S PRESCRIBED PERIOD

The last day of your specified period ___(1) (2)___.

Fill-ins: (1) "IS" IF THE P/P ENDS ON A FUTURE DATE "WAS" IF THE P/P ENDED ON A PAST DATE

(2) DATE THAT THE P/P EXPIRES

865 CHILDHOOD DISABILITY—LAW PARAGRAPH—CLAIMANT AGE 22 OR OVER

A disabled child age 18 or over may be entitled to Medicare coverage at age 20 if the person has a physical or mental condition severe enough to keep the person from doing any substantial gainful work. The condition must have begun before age 22 and lasted, or be expected to last for 12 months in a row.

866 CHILDHOOD DISABILITY—LAW PARAGRAPH—CLAIMANT NOT YET AGE 22

A disabled child age 18 or over may be entitled to Medicare coverage at age 20 if the person has a physical or mental condition severe enough to keep the person from doing any substantial gainful work. The condition must have begun before age 22 and lasted, or be expected to last for 12 months in a row. If your condition gets worse before age 22, and keeps you from doing any substantial gainful work, write, call or visit any Social Security office about filing another application.

867 WIDOW(ERS), MOTHER, FATHER OR SURVIVING DIVORCED SPOUSE ENTITLED TO SURVIVORS BENEFITS—CLAIM FILED FOR MEDICARE COVERAGE—EXPLANATION OF DISABILITY REQUIREMENT FOR MEDICARE COVERAGE

A widow, widower, surviving divorced spouse, mother or father entitled to survivors benefits who has a physical or mental condition that is severe enough to ordinarily keep a person from working may be entitled to Medicare coverage if she or he meets certain age requirements. The disability must have lasted or be expected to last for 12 months in a row. The person's disability must not start later than 7 years after the month of death of the spouse or no later than 7 years after prior entitlement to Medicare coverage as a disabled widow(er) ended.

868 WIDOW(ERS) NOT DISABLED—LACK OF SEVERITY

We have determined that you are not entitled to Medicare coverage because your condition is not severe enough. In deciding this, we considered the medical evidence and your statements. Should your condition get worse before your specified 7-year period ends, write, call or visit your Social Security office about filing another application.

869 WIDOW(ERS)—NOT DISABLED AT ANY TIME PRESCRIBED PERIOD REQUIREMENT MET FOR DEEMED ENTITLEMENT TO MEDICARE COVERAGE

We have determined that you are not entitled to Medicare coverage because your condition was not disabling on or before ____(1)____, the date your specified 7-year period ended. In deciding this, we considered the medical evidence and your statements.

Fill-in: (1) LAST DAY OF PRESCRIBED PERIOD

870 NH—DISABLED WIDOW(ERS) OR CHILD—APPLICANT DOES NOT WANT TO CONTINUE DEVELOPMENT OF CLAIM

Since you did not wish to continue the processing of your claim, we determined based on the evidence in file, that you are not entitled to Medicare coverage because your condition is not disabling.

872 NH—DISABLED WIDOW(ERS) OR CHILD—FAILURE TO FOLLOW PRESCRIBED TREATMENT

We have determined that you are not entitled to Medicare coverage because you are not following the treatment prescribed for you. A person who is unable to do any substantial gainful work may qualify for Medicare coverage, but not if he/she refuses to follow prescribed treatment that could restore his/her ability to work. If you decide to follow the prescribed treatment, or if you have more information showing why you should not, write, call, or visit any Social Security office.

874 WIDOW(ERS) NOT DISABLED—IMPAIRMENT IS SEVERE AT TIME OF ADJUDICATION BUT NOT EXPECTED TO LAST 12 MONTHS

We have determined that you are not entitled to Medicare coverage because your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence and your statements. If your condition does not improve as expected, write, call or visit any Social Security office about filing another application.

875 WIDOW NOT DISABLED—IMPAIRMENT NO LONGER SEVERE AT TIME OF ADJUDICATION AND DID NOT LAST 12 MONTHS

We have determined that you are not entitled to Medicare coverage because your condition was not severe enough for 12 months in a row to keep you from working. In deciding this, we considered the medical evidence and your statements.

If your condition gets worse, write, call or visit any Social Security office about filing another application.

876 NH—DISABLED WIDOW(ERS) OR CHILD—INSUFFICIENT EVIDENCE FURNISHED

We have determined that you are not entitled to Medicare coverage because the evidence in your file does not show that your condition is disabling. Under the law, the applicant is responsible for furnishing evidence to support a Medicare claim. Although you have been requested to furnish additional evidence, you have not done so.

877 NH—DISABLED WIDOW(ERS) OR CHILD FAILS OR REFUSES TO SUBMIT TO MEDICAL EXAMINATION

We have determined that you are not entitled to Medicare coverage because the evidence we now have does not show that your condition is disabling. We based our determnation on this evidence because you did not take the medical examination we asked you to have at our expense. The examination was needed to fully evaluate your condition.

878 HEARING NOTICE—MEDICAL CESSATION DETERMINATION—USE IN A CONCURRENT TITLE II-TITLE XVI CLAIM IN WHICH THE TITLE XVI CLAIM IS IN NON-PAY STATUS OR IN A TITLE XVI BLINDNESS CESSATION DISABILITY CONTINUANCE CASE

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to ask for a hearing. If you ask for a hearing, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO ASK FOR A HEARING after you get this notice. If you wait more than 60 days, you must have a good reason.

HOW TO ASK FOR A HEARING

TO ASK FOR A HEARING, YOU MUST MAKE A REQUEST IN WRITING.

Be sure you tell us your name, social security number, and why you think we are wrong. If you cannot write to us, call our office or come in and someone will help you.

If you ask for a hearing, an administrative law judge will review your case. The judge will let you know where and when the hearing will be held.

At the hearing, the judge will explain all the facts in your case and all of the questions to be decided. The judge will also explain the law. Then, you can tell the judge why you think we are wrong. You can give more facts to help prove you are right. You can also bring other people to help explain your case.

You can ask the judge to have other people come to the hearing to help prove you are right. You can question these people at the hearing. The judge can also have these people bring important papers about your case.

You do not have to go to the hearing. A lawyer, friend, or someone else can go to the hearing and explain your case for you. Even if you do not go to the hearing, you can give evidence to help prove you are right. If you do not go, the judge will still decide your case based on all the facts in your file plus any new evidence you send.

There are groups that can help you with your appeal. Some of these groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

The enclosed booklet tells more about what you can do if you think we are wrong. Please read this booklet and keep it in case you have questions later.

881 NH OR WIDOW(ER) HAS DEMONSTRATED ABILITY TO ENGAGE IN SGA DESPITE CONDITION

We have determined that you are not entitled to Medicare coverage because the work you are doing despite your condition shows you are able to do some type of substantial gainful work. We have not made any determination as to whether or not your medical condition is severe enough to meet the disability requirement since you are doing substantial gainful work.

883 NH DEMONSTRATED ABILITY TO ENGAGE IN SGA DESPITE IMPAIRMENT WITHIN 29 MONTHS BEFORE ATTAINING AGE 65

We have determined that you are not entitled to Medicare coverage. A person who has been disabled for at least 29 full calendar months before reaching age 65 may be eligible for Medicare coverage based on disability. We find that the work which you did despite your condition, before you reached 65, showed that you were not disabled. A medical condition may require reducing one's hours of work or giving up one's regular line of work; but a person may not be entitled to Medicare coverage unless the disability prevents substantial gainful work in any job.

884 NH—CLAIM FILED AFTER DEATH—NOT DISABLED AT ANY TIME EARNINGS REQUIREMENT MET (1) was not entitled to Medicare coverage because his/her condition was not disabling through (2) , when he/she last had enough work credits to qualify for Medicare coverage. In deciding this, we considered how much his/her condition had affected his/her ability to work. We studied his/her records, including the medical evidence and your statements, and considered his/her age, education, training and work experience.

Fill-ins: (1) NH's Name
(2) Date Disability I/S Last Met

885 NH—CLAIM FILED AFTER DEATH—NOT DISABLED—LACK OF SEVERITY (1) was not entitled to Medicare coverage at the time of his/her death because his/her condition was not severe enough to prevent him/her from doing any substantial gainful work, nor was it the cause of his/her death. In deciding this, we considered how much his/her condition had affected his/her ability to work. We studied his/her records, including the medical evidence and your statements, and considered his/her age, education, training and work experience.

Fill-in: (1) NH's Name

886 NH—CLAIM FILED AFTER DEATH—NOT DISABLED—IMPAIRMENT IS SEVERE AT TIME OF DEATH BUT WOULD NOT HAVE BEEN EXPECTED TO LAST 12 MONTHS (1) was not entitled to Medicare coverage at the time of his/her death. Although his/her condition was severe at the time of his/her death, it was not expected to last for 12 months in a row, nor was it the cause of his/her death. In deciding this, we considered the medical evidence and statements in file, and considered his/her age, education, training and work experience.

Fill-in: (1) NH's Name

887 NH—CLAIM FILED AFTER DEATH—NOT DISABLED—IMPAIRMENT NO LONGER SEVERE AT TIME OF DEATH AND DID NOT LAST 12 MONTHS (1) was not entitled to Medicare coverage at the time of his/her death because his/her condition was not severe enough for 12 months in a row to keep him/her from working, nor was it the cause of his/her death. In deciding this, we considered how much his/her condition had affected his/her ability to work.

We studied his/her records, including the medical evidence and statements in file, and considered his/her age, education, training and work experience.

Fill-in: (1) NH's Name

888 NH—CLAIM FILED AFTER DEATH—INSUFFICIENT EVIDENCE

Under the law, the applicant is responsible for furnishing evidence to support his/her Medicare claim. Although you have been requested to furnish additional evidence, you have not done so. Therefore, a determination has been made based on the evidence in file. This evidence does not show that ___(1)___ condition was disabling.

Fill-in: (1) NH's Name

889 NH—CLAIM FILED AFTER DEATH—DENIAL—APPLICANT DOES NOT WANT TO CONTINUE DEVELOPMENT OF CLAIM

___(1)___ was not entitled to Medicare coverage. Since you indicated that you did not wish to continue the processing of his/her claim, a determination has been made based on the evidence in file. This evidence does not show his/her condition was disabling.

Fill-in: (1) NH's Name

890 NH—CLAIM FILED AFTER DEATH—DENIAL—IMPAIRMENT WAS SEVERE BUT CLAIMANT FAILED TO FOLLOW PRESCRIBED TREATMENT

___(1)___ was not entitled to Medicare coverage because he/she was not following the treatment prescribed for him/her at the time of his/her death. A person who is unable to do any substantial gainful work may qualify for Medicare coverage, but not if he/she refuses to follow prescribed treatment that could restore his/her ability to work.

Fill-in: (1) NH's Name

891 NH—CLAIM FILED AFTER DEATH—NOT DISABLED AT ANY TIME EARNINGS REQUIREMENT MET—MEDICAL CONSIDERATION ALONE

___(1)___ was not disabled through ___(2)___, when he/she last had enough work credits for Medicare coverage. In deciding this, we considered medical evidence, your statements, and how the condition affected his/her ability to work.

Fill-ins: (1) NH's Name
(2) Date Disability I/S Last Met

892 NH—CLAIM FILED AFTER DEATH—NOT DISABLED—LACK OF SEVERITY—MEDICAL CONSIDERATION ALONE

___(1)___ was not entitled to Medicare because his/her condition was not severe enough to prevent any substantial gainful work, nor was it the cause of his/her death. In deciding this, we considered medical evidence, your statements, and how the condition affected his/her ability to work.

Fill-in: (1) NH's Name

893 DIB OR CDB MEDICAL CESSATION

The law provides that an individual's disability period shall end if the person is able to do substantial gainful work. The law also provides that an individual's period of disability will continue for the month disability ends and the following 2 months. The medical evidence in your case shows that you became able to do substantial gainful work ___(1)___. Accordingly, your period of disability ends the last day of ___(2)___.

Fill-ins: (1) MM/YY
(2) MM/YY

894 DIB OR CDB CESSATION—WORK ACTIVITY (NO TRIAL WORK PERIOD)

The law provides that an individual's disability period shall end if the person becomes able to do substantial gainful work. The law also provides that an individual's period of disability will continue for the month disability ends and the following 2 months. The evidence in your case shows that you became able to do substantial gainful work in ___(1)___. Accordingly, your period of disability ends the last day of ___(2)___.

Fill-ins: (1) MM/YY
(2) MM/YY

895 DIB OR CDB CESSATION—WHEREABOUTS UNKNOWN OR FAILURE TO COOPERATE—REQUIRED INFORMATION NOT SUBMITTED

Information is needed to determine whether you are still disabled. Although you have been requested to furnish the required information, it has not been submitted. Therefore, we have determined that your disability ended in ___(1)___. The law provides that an individual's period of disability will continue for the month disability ends and the following 2 months. Accordingly, your period of disability ends the last day of ___(2)___.

Fill-ins: (1) MM/YY
(2) MM/YY

896 DIB OR CDB CESSATION—WHEREABOUTS UNKNOWN OR FAILURE TO COOPERATE—REQUESTED MEDICAL EXAMINATION NOT TAKEN

Information is needed to determine whether you are still disabled. Although you have been requested to take a medical examination at our expense, you have not complied with our request. Therefore, we have determined that your disability ended in ___(1)___. The law provides that an individual's period of disability will continue for the month disability ends and the following 2 months. Accordingly, your period of disability ends the last day of ___(2)___

Fill-ins: (1) MM/YY
(2) MM/YY

897 DISABILITY ENDS PRIOR TO BEGINNING OF MEDICARE COVERAGE

If your condition again prevents you from doing substantial gainful work before age 65, you may file a new application for Medicare based on disability. If you apply promptly and are again found disabled, months already accumulated toward your 24-month waiting period for Medicare coverage could be used to determine when Medicare coverage will begin in your new period of disability.

898 DISABILITY ENDS AFTER MEDICARE COVERAGE BEGINS

If your condition again prevents you from doing substantial gainful work before age 65, contact any Social Security office about filing a new application for Medicare based on disability. If you act promptly and are again found disabled, your Medicare coverage could begin with the first full month in which you were again disabled.

899 CDB REENTITLEMENT NOTICE

Although your entitlement to Medicare benefits based on childhood disability ceased, you may again become entitled to Medicare based on childhood disability if you become disabled within the 7-year reentitlement period prescribed in the law. The last date of the specified 7-year period in your case is ___(1)___.

If, however, you perform enough work to become insured on your own earnings record and again become disabled, you can become entitled to disability insurance benefits even though your second disability did not begin within the prescribed 7-year period.

Fill-in: (1) Enter the last day of the 84th month following the date the child's disability ceased.

901 MEDICARE COVERAGE TERMINATION

Medicare coverage for a disabled beneficiary begins with the 25th month of entitlement to disability benefits. If you are currently entitled or scheduled to become entitled to Medicare the month after the date of this notice, your coverage under Medicare ends the last day of (month/year) since you are no longer entitled to disability benefits. If you are not entitled to Medicare as described above, you are not entitled to any coverage. This notice replaces information you may have received concerning Medicare coverage.

NOTE: *The insert date will be the latest of the following:*

(1) The month following the month the notice is mailed to the beneficiary, or

(2) The last month benefits are payable (item 9A of the SSA-833-U5).

902 DWB CESSATION—MEDICAL EVIDENCE INDICATES ABILITY TO PERFORM SGA

You have been entitled to Medicare based on disability under a special provision of the Social Security Act which provides for disabled widows and widowers under age 60. To qualify for such entitlement an individual must have a condition so severe as to ordinarily prevent her/him from working. Medical conditions which meet this requirement are described in the Social Security Regulations; disability ends when this requirement is not met. The law provides, however, that an individual's period of disability will continue for the month the disability ends and the 2 following months. The medical evidence in your case shows that your condition does not meet the disability requirement of the law in ___(1)___. Accordingly, your period of disability ends the last day of ___(2)___.

If your condition worsens you should contact your Social Security office about filing a new application.

Fill-ins: (1) MM/YY
(2) MM/YY

903 MEDICARE TERMINATION—DISABILITY ENDS PRIOR TO MEDICARE COVERAGE

Since your disability has ended, you will not be entitled to coverage under Medicare.

904 MEDICARE TERMINATION—DISABILITY ENDS AFTER MEDICARE COVERAGE BEGINS

Since your disability has ended, your Medicare coverage will end the last day of ___(1)___. Please destroy your health insurance card after the last day of coverage indicated above.

Fill-in: (1) MM/YY

905 EPE CASE—CESSATION—9 MONTHS OF TRIAL WORK COMPLETE—BENEFICIARY PERFORMING SGA

A person's disability ends if he or she becomes able to do substantial gainful work. (At the present time earnings over $___(1)___ a month usually will be considered substantial and gainful.) A period of disability continues for the month disability ends and 2 additional months. Not until a person has completed a 9-month trial work period is a decision made as to whether he or she has become able to do substantial gainful work.

The evidence in your case shows that you completed a 9-month trial period in ___(2)___ and became able to do substantial gainful work in ___(3)___.

Fill-ins: (1) current SGA amount
(2) MM/YY
MM/YY

906 EPE CASE—EXPLANATION OF 15-MONTH REINSTATEMENT PERIOD

After completion of the 9-month trial work period, the law provides for an additional 15-month period in which individuals can further test their ability to work. If, during this 15-month period you stop doing substantial gainful work, your status as a disabled individual may be reinstated.

907 EPE CASE—IMPAIRMENT-RELATED WORK EXPENSES NOT ALLOWED AS CLAIMED

Although you reported impairment-related work expenses, we cannot allow them because they do ot meet the definition of impairment-related work expenses.

908 EPE CASE—IMPAIRMENT-RELATED WORK EXPENSES INSUFFICIENT TO REDUCE EARNINGS BELOW SGA

Although you reported impairment-related work expenses which we allowed, they are not enough to reduce your earnings below the monthly amount generally considered to be substantial gainful work.

909 EPE CASE—9 MONTHS OF TRIAL WORK COMPLETE—MEDICAL REVIEW—DISABILITY CONTINUES

You previously received a notice that you completed a 9-month trial work period. You were told of special provisions of the law available to you if you continued to have a disabling impairment. The medical evidence in your case shows that your condition continues to be disabling within the meaning of the law. Therefore, your status is unchanged.

You must, however, report promptly any changes which may affect your status. Let us know if:

- You start working or you are currently working and your work activity stops; or
- You previously reported your work but your duties or pay have changed; or
- Your doctor says your condition has improved; or
- You start to pay for work expenses related to your disability or the amount you pay for work

expenses related to your disability changes.

This information will be used to decide if you still meet the requirements for continued eligibility under the special provisions of the Social Security Act.

910 EPE CASE—9 MONTHS OF TRIAL WORK COMPLETE—MEDICAL REVIEW—DISABILITY CEASES

You previously received a notice that you completed a 9-month trial work period. You were told of special provisions of the law available to you if you continued to have a disabling impairment. The medical evidence in your case, however, shows that your condition stopped being disabling within the meaning o the law as of __(1)__. Accordingly, your eligibility for these special provisions ends.

Fill-in: (1) MM/YY

911 EPE CASE—MEDICARE HAS BEGUN PRIOR TO END OF TWP

A special provision of the law allows for continuation of Medicare coverage for at least 39 months after the end of the 9-month trial work perod if you continue to have a disabling impairment. This protection could be extended if you stop doing substantial gainful work or if your earnings are significantly reduced. If this should happen, you should contact any Social Security office. You will be notified later when your Medicare coverage will actually end.

912 EPE CASE—IF 24TH MONTH OF ENTITLEMENT HAS NOT BEEN REACHED PRIOR TO END OF TWP

Even though we determined your work to be substantial and gainful, due to a special provision of the law, if you continue to have a disabling impairment, your Medicare coverage will begin in __(1)__. The law allows for at least 24 months of coverage if you continue to have a disabling impairment, and this protection could be extended if you stop doing substantial gainful work or if your earnings are significantly reduced. If this should happen, you should contact any Social Security office. You will be notified later about termination of Medicare coverage.

Fill-in: (1) MM/YY

913 EXPIRATION OF DISABILITY INSURED STATUS

Your Social Security record at the time you filed your application shows that you __(1)__ the earnings requirement for Medicare based on disability until __(2)__. Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

Fill-ins: (1) "meet" if I/S expires on a future date or "met," if I/S expired on a past date

(2) date that the disability requirement is last met

914 STATE AGENCY AND M.D. PARTICIPATION IN DECISION

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

916 PRIOR FREEZE NOT AFFECTED BY CURRENT DENIAL

A period of disability for Medicare coverage was previously established for you and later ended. The denial of your current application does not affect any rights from your previous disability period.

917 PERIODIC REVIEW SCHEDULED

Your claim will be reviewed from time-to-time to see if you are still eligible for Medicare based on disability or blindness. When your claim is reviewed, you will be contacted if there are any questions.

918 LEAD-IN LANGUAGE FOR CLOSED PERIOD AND LATER ON-SET DATE ALLOWANCES

We have now completed our consideration of your claim. We previously sent you a notice that you meet the medical requirements for Medicare coverage. This notice tells you whether you meet the nonmedical requirements. Together, they explain the determination made in your claim.

919 DISABILITY REQUIREMENT AND 7 YEAR PERIOD ATTACHMENT

An explanation of the disability requirement and the 7-year period is attached.

920 DISABILITY AND EARNINGS REQUIREMENT ATTACHMENT

An explanation of the disability requirement and the earnings requirement is attached.

1029 ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS

This is to inform you that you are eligible to receive the supplemental security income payment shown as provided by title XVI of the Social Security Act.

1030 LEAD IN PARAGRAPH-DENIAL

We have determined that you are not eligible to receive supplemental security income payments under the provisions of title XVI of the Social Security Act.

Attached to this notice is an explanation of the decision we made in your claim and how we arrived at it

1150 ALLOWANCE—SSA DETERMINES MEDICAID ELIGIBILITY

An agency of __(1)__ will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with...(Choose closing line from chart following "0152.)".

Issue to all applicants who have been determined eligible for SSI and/or federally administered State supplementary payments.

(1) If applicant residing in District of Columbia, show (the District of Columbia). Otherwise, show (your State).

1151 ALLOWANCE AND DENIAL—STATE DETERMINES MEDICAID ELIGIBILITY

The application you filed with us is not an application for medical assistance (Medicaid). If you need medical assistance or have any questions about your eligibility for Medicaid, you should get in touch with...(Choose closing line from chart following "0152)".

1153 DENIAL—SSA DETERMINES MEDICAID ELIGIBILITY

Although you are not eligible for supplemental security income payments, you may be eligible for medical assistance (Medicaid). If you have any questions about eligibility for Medicaid or need medical assistance, you should get in touch with... (Choose closing line from chart following "0152.")

1181 SPOUSE WILL RECEIVE SEPARATE NOTICE

Your spouse will receive a separate notice.

1310 STATE SUPPLEMENT DENIED-FEDERAL ADMINISTRATION

The application you filed is also an application for additional State payments under the supplemental security income program. For reasons shown above, you are not eligible for these payments from your State.

1311 STATE SUPPLEMENT NOT FEDERALLY ADMINISTERED

You may want to contact your local public assistance office to find out if you qualify for payments from them.

1351 DENIED FOR BLINDNESS

The medical evidence does not show that ___(1)___ loss of vision is severe enough to meet the blindness requirements for supplemental security income payments.

Fill-in: (1) Your/Child's Name

1352 DISABILITY DENIED-DOES NOT MEET OR EQUAL LISTING (DC/BC UNDER AGE 18)

We have determined that ___(1)___ condition is not severe enough to be considered disabling.

Fill-in: (1) Your/Child's Name

1354 DISABILITY DENIED—CONDITION NOT EXPECTED TO LAST 12 MONTHS (DC/BC UNDER AGE 18)

We have determined that ___(1)___ condition is not expected to be severe enough for 12 months in a row.

Fill-in: (1) Your/Child's Name

1355 DISABILITY DENIED-WORK ACTIVITY

We have determined that you are not entitled to supplemental security income payments because the work you have done in spite of your condition is substantial gainful work. Substantial gainful work is any work generally done for pay or profit, involving the performance of significant physical or mental duties. Work may be considered substantial even if done part-time. In evaluating work, consideration is given to job duties, skill, and experience required to do the job in addition to the pay. Although current work may be different from previous work, a person may not necessarily be considered disabled.

1358 DISABILITY DENIED-FAILURE TO FOLLOW PRESCRIBED TREATMENT (DC/BC UNDER AGE 18)

The evidence shows that ___(1)___ disabled but that ___(2)___ are/is not following the treatment which has been prescribed for ___(3)___. This treatment is expected to improve ___(4)___ condition. The law provides that payment will not be made to a person who refuses, without good cause, to follow prescribed treatment which will improve the condition. Since ___(5)___ are/is not following ___(6)___ treatment, we cannot send ___(7)___ monthly payments.

Fill-ins: (1) You are/Child's Name is
(2) You/He/She
(3) You/Him/Her
(4) Your/His/Her
(5) You/He/She
(6) Your/His/Her
(7) You/Him/Her

1360 DISABILITY DENIED—CONDITION DID NOT LAST 12 MONTHS (DC/BC UNDER AGE 18)

We have determined that ___(1)___ condition was not severe enough for 12 months in a row.

Fill-in: (1) Your/Child's Name

1373 ONSET ESTABLISHED AFTER APPLICATION DATE

You cannot receive payment for ___(1)___ because you first met the ___(2)___ requirements for eligibility in ___(3)___.

Fill-ins: (1) MM/YY (2) Blindness or Disability (3) MM/YY

1375 DISABILITY/BLINDESS DENIAL LEAD-IN

You do not meet either the blindness or disability requirements for supplemental security income payments.

1376 LACK OF SEVERITY-REFILE IF CONDITION GETS WORSE

If your condition gets worse, you should file a new application for supplemental security income payments.

1382 REMINDER TO REPORT IF CONDITION WORSENS

If your condition gets worse, contact your Social Security office.

1392 DISABILITY/BLINDNESS LEAD IN

A person can get supplemental security income checks because of blindness or because of disability.

1393 DISABILITY/BLINDNESS DECISION MADE BY M.D.

The disability/blindness decision in your case was made by the Social Security Administration (*not your personal physician*) on the basis of a determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

1396 CLAIMANT ALLOWED FOR BLINDNESS—CONDITION CEASED PRIOR TO DDS ADJUDICATION—ADULT OR CHILD

It has been determined that you met the blindness requirement of the law beginning___ and ending___ when you could no longer be considered blind within the meaning of the law. Your eyesight must be no better than 20/200 in the better eye with best correction or your visual fields in both eyes must be severely restricted.

Your eligibility for payment under the disability provisions was also considered. However, the evidence shows you are not disabled within the meaning of the law. Since no payment can be made for any month before the month you filed your application, the first month for which you could be eligible to receive payments is___. Payments can be made for the month blindness ends and the following two months. ___ is the last month for which you are entitled to receive a payment for blindness.

1397 DISABILITY ESTABLISHED BUT CEASED PRIOR TO DDS ADJUDICATION—ADULT OR CHILD

It has been determined that you were under a disability beginning____ and ending____ when it was determined that your condition was not severe enough to be considered disabling within the meaning of the law. Since no payment can be made for any month before the month you filed your application, the first month for which you could be eligible to receive payments is ____. Payments can be made for the month disability ends and the following 2 months. Thus, your last month of payment because of disability is____.

1414 MEDICAL IMPROVEMENT EXPECTED OR POSSIBLE (DISABLED OR DISABLED/BLIND) - TITLE XVI ALLOWANCE

The doctors and other trained personnel who decided that ___1 2 3 4___ health ___5___ improve. Therefore, we will review ___6___ case in ___7___ . We will send ___8___ a letter before we start the review. Based on that review, ___9___ SSI will continue if ___10___ still ___11___ . But it will end if ___12___ no longer ___13___ .

Fill-ins:

Fill-in 1:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 2:	Choice 1 - disabled
	Choice 2 - disabled and blind
Fill-in 3:	Choice 1 - expect
	Choice 2 - believe that
Fill-in 4:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 5:	Choice 1 - to
	Choice 2 - may
Fill-in 6:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 7:	Choice 1 - (month/year)
	Choice 2 - about 3 years
Fill-in 8:	Choice 1 - you
	Choice 2 - her
	Choice 3 - him
Fill-in 9:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 10:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 11:	Choice 1 - disabled
	Choice 2 - disabled or blind
Fill-in 12:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 13:	Choice 1 - disabled
	Choice 2 - disabled or blind

1415 MEDICAL IMPROVEMENT NOT EXPECTED OR MEDICAL IMPROVEMENT POSSIBLE (BLIND) - TITLE XVI ALLOWANCE

Doctors and other trained personnel decided that ___1___ blind. But we must review all blindness cases. Therefore, we will review ___2___ case in ___3___. We will send ___4___ a letter before we start the review. Based on that review, ___5___ SSI will continue if ___6___ still blind. But it will end if ___7___ no longer blind.

Fill-ins:

Fill-in 1:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 2:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 3:	Choice 1 - about 3 years
	Choice 2 - 5 to 7 years
Fill-in 4:	Choice 1 - you
	Choice 2 - her
	Choice 3 - him
Fill-in 5:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 6:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 7:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is

1424 MEDICAL IMPROVEMENT EXPECTED (BLIND) - TITLE XVI ALLOWANCE

Doctors and other trained personnel decided that ___1___ blind. But we will review ___2___ case in ___3___ . We will send ___4___ a letter before we start the review. Based on that review, ___5___ SSI will continue if ___6___ still blind. But it will end if ___7___ no longer blind.

Fill-ins:

Fill-in 1:	Choice 1 - you are
	Choice 2 - she is
	Choice 3 - he is
Fill-in 2:	Choice 1 - your
	Choice 2 - her
	Choice 3 - his
Fill-in 3:	Choice 1 - (month/year)
Fill-in 4:	Choice 1 - you
	Choice 2 - her
	Choice 3 - him
Fill-in 5:	Choice 1 - your
	Choice 2 - her

Choice 3 - his
Fill-in 6: Choice 1 - you are
Choice 2 - she is
Choice 3 - he is
Fill-in 7: Choice 1 - you are
Choice 2 - she is
Choice 3 - he is

1425 MEDICAL IMPROVEMENT NOT EXPECTED (DISABLED OR DISABLED/BLIND) - TITLE XVI ALLOWANCE

Doctors and other trained personnel decided that __1 2__. And we realize that __3__ health may not improve. But we must review all __4__ cases. Therefore, we will review __5__ case in 5 to 7 years. We will send __6__ a letter before we start the review. Based on that review, __7__ SSI will continue if __8__ still __9__. But it will end if __10__ no longer __11__.

Fill-ins:

Fill-in 1: Choice 1 - you are
Choice 2 - she is
Choice 3 - he is
Fill-in 2: Choice 1 - disabled
Choice 2 - disabled and blind
Fill-in 3: Choice 1 - your
Choice 2 - her
Choice 3 - his
Fill-in 4: Choice 1 - disability
Choice 2 - disability and blindness
Fill-in 5: Choice 1 - your
Choice 2 - her
Choice 3 - his
Fill-in 6: Choice 1 - you
Choice 2 - her
Choice 3 - him
Fill-in 7: Choice 1 - your
Choice 2 - her
Choice 3 - his
Fill-in 8: Choice 1 - you are
Choice 2 - she is
Choice 3 - he is
Fill-in 9: Choice 1 - disabled
Choice 2 - disabled or blind
Fill-in 10: Choice 1 - you are
Choice 2 - she is
Choice 3 - he is
Fill-in 11: Choice 1 - disabled
Choice 2 - disabled or blind

1481 POSSIBLE FUTURE PAYMENTS DUE

If at any time in the future you think you qualify for payment, please contact us immediately about filing a new application. We cannot make payment for any month before the month in which you apply.

G-31505.001-1

4000 Lead In - Medical Improvement Cessation - Title II

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that your health has improved since we last reviewed your case. And you are now able to work. This means that your benefits will stop.

4001 Lead In - Group I Exception - Title II

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are now able to work. This means that your benefits will stop.

4002 Lead In - Medicare Only - Current Coverage - Medical Improvement

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that your health has improved since we last reviewed your case. And you are now able to work. This means that your Medicare will end.

4003 Lead In - Medicare Only - Current Coverage - Group I Exception

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are now able to work. This means that your Medicare will end.

4004 Lead In - Medicare Only - Future Coverage - Medical Improvement

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that your health has improved since we last reviewed your case. And you are now able to work. This means that you cannot get Medicare.

4005 Lead In - Medicare Only - Future Coverage - Group I Exception

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are now able to work. This means that you cannot get Medicare.

4006 Lead In - Reopening To Cessation - Medical Improvement - Title II

We recently looked at your case again to see if our decision to continue your benefits was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved and you are now able to work. This means that your benefits will stop.

4007 Lead In - Reopening To Cessation - Group I Exception - Title II

We recently looked at your case again to see if our decision to continue your benefits was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that your benefits will stop.

4008 Lead In - Reopening To Closed Period - Medical Improvement - Title II

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved since you were first disabled. And you are now able to work. This means that your benefits will stop.

4009 Lead In - Reopening To Closed Period - Group I Exception - Title II

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that your benefits will stop.

4010 Lead In - Medicare Only - Reopening To Cessation - Current Coverage - Medical Improvement

We recently looked at your case again to see if our decision to continue your Medicare was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved and you are now able to work. This means that your Medicare will end.

4011 Lead In - Medicare Only - Reopening To Cessation - Current Coverage - Group I Exception

We recently looked at your case again to see if our decision to continue your Medicare was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that your Medicare will end.

4012 Lead In - Medicare Only - Reopening To Cessation - Future Coverage - Medical Improvement

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved since you were first disabled.

And you are now able to work. **This means** that your benefits will stop.

4013 Lead In - Medicare Only - Reopening To Cessation - Future Coverage - Group I Exception

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that you cannot get Medicare.

4014 Lead In - Auxiliary Notice

We are writing to let you know that we recently reviewed __(1)__ disability case. After reviewing all of the information carefully, we have decided __(2)__ is no longer disabled. When __(3)__ benefits stop, your benefits will also stop.

Fill-ins:

(1) W/E's name possessive
(2) "he" or "she"
(3) "his" or "her"

4015 Lead In - Medical Improvement Cessation - Title XVI

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that your health has improved since we last reviewed your case.

And you are now able to work. **This means** that your checks will stop.

4016 Lead In - Group I Exception - Title XVI

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are now able to work. This means that your checks will stop.

4017 Lead In - Blind To Disabled - Title XVI

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are no longer blind. But you have other health problems that keep you from working. So now you will get checks because you are disabled.

4018 Lead In - Reopening to Cessation - Medical Improvement - Title XVI

We recently looked at your case again to see if our decision to continue your checks was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved and you are now able to work. This means that your checks will stop.

4019 Lead In - Reopening To Cessation - Group I Exception - Title XVI

We recently looked at your case again to see if our decision to continue your checks was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that your checks will stop.

4020 Lead In - Reopening To Closed Period - Medical Improvement - Title XVI

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that your health has improved since you were first disabled.
And you are now able to work. This means that your checks will stop.

4021 Lead In - Reopening To Closed Period - Group I Exception - Title XVI

We recently looked at your claim again to see if our decision was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are now able to work. This means that your checks will stop.

4022 Lead In - Group II Exception - Title II

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are no longer entitled to benefits.

4023 Lead In - Group II Exception - Title XVI

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are no longer eligible for checks.

4024 Lead In - Blind Only - Title XVI

We are writing to let you know that we have made a decision on your case. After reviewing all of the information carefully, we have decided that you are no longer blind. This means that your checks will stop.

4038 Lead In - Later Cessation - Medical Improvement - Title II

We recently looked at your case to see if the decision we made to stop your benefits was right. After carefully reviewing all of the information, we found that your health had not improved and you were not able to work as of __(1)__. But we found that as of __(2)__ your health had improved and you were able to work.

Fill-ins:

(1) Month and Year of original cessation
(2) Month and Year of later cessation

4039 Lead In - Later Cessation - Medical Improvement - Title XVI

We recently looked at your case to see if the decision we made to stop your checks was right. After carefully reviewing all of the information, we found that your health had not improved and you were not able to work as of __(1)__. But we found that as of __(2)__ your health had improved and you were able to work.

Fill-ins:

(1) Month and Year of original cessation
(2) Month and Year of later cessation

4040 Lead In - Basis Change Only

We recently looked at your case again to see if our decision was right. We did this because we got more information on your case. After carefully reviewing all of the information, we find that the earlier decision was right.

4041 Referral To Personalized Attachment

We have enclosed a page that gives you more details on how we made the decision on your case.

4043 Benefits/Payments End

When Your Checks Will Stop

You are no longer disabled as of __(1)__. You will get checks for that month and the next two months. Your last check will be for __(2)__.

Fill-ins:

(1) Cessation month and year
(2) Last month and year of entitlement/eligibility

4044 Benefits End - Auxiliary

When Your Checks Will Stop

__(1)__ is no longer disabled as of __(2)__. You will get checks for that month and the next two months. Your last check will be for __(3)__.

Fill-ins:

(1) W/E's name
(2) Cessation month and year
(3) Last month and year of entitlement

4045 Payments End - Blind

When Your Checks Will Stop

You are no longer blind as of __(1)__. You will get checks for that month and the next two months. Your last check will be for __(2)__.

Fill-ins:

(1) Cessation month and year
(2) Last month and year of eligibility

4048 Medicare Ends

When Your Medicare Will End

If you have Medicare, your coverage will end the last day of __(1)__.

Fill-in:

(1) Month and year coverage ends

NOTE: The insert date will be the latest of the following:
(a) The month following the month the notice is mailed to the beneficiary, or

(b) The last month benefits are payable (item 9c of the SSA-833-U5)

4049 Medicare Ends - Medicare Only

When Your Medicare Will End

You are no longer disabled as of __(1)__. You will be covered for that month and the next two months. Your Medicare coverage will end the last day of __(2)__.

Fill-ins:

(1) Cessation month and year
(2) Month and year coverage ends

NOTE: The insert date will be the latest of the following:

(a) The month following the month the notice is mailed to the beneficiary, or

(b) The last month benefits are payable (item 9c of the SSA-833-U5)

4050 Information About Medicaid

Information About Your Medicaid

For information about any change in your Medicaid eligibility caused by this action, you should get in touch with (see DI 31505.001 paragraph 0152 for closing line).

4051 No Future Medicare Coverage

Why You Cannot Get Medicare

You must be disabled for __(1)__ months before you can get Medicare. Your disability ended before __(1)__ months. It ended in __(2)__.

Fill-ins:

(1) show "29" for NH and disabled widow(ers) claims
show "24" for disabled child claims
(2) Month and year of termination

4052 Vocational Rehabilitation - Title II

If Your Vocational Rehabilitation Is Approved

You told us that you were in a vocational rehabilitation program. If we approve your program, you will get benefits until you finish it. We will review your program soon. And we will write you to let you know if it is approved.

4053 Vocational Rehabilitation - Title XVI

If Your Vocational Rehabilitation Is Approved

You told us that you were in a vocational rehabilitation program. If we approve your program, you will get checks until you finish it. We will review your program soon. And we will write you to let you know if it is approved.

4054 DDS Decision

Who Decided Your Case

Doctors and other trained personnel made the disability decision for us. They work for your State but used our rules to make their decision.

4056 Right to Reconsideration

Do You Think We Are Wrong?

If you think we are wrong you have the right to appeal. We will review this decision if you appeal.

- You have 60 days to appeal.
- The 60 days start the day after you get this letter. You will need a good reason for waiting more than 60 days.
- You have to ask for an appeal in writing. Come to one of our offices if you want help.

4057 Right To Reconsideration - Disability Cessation - Section 301 Case

Do You Think We Are Wrong?

If you think we are wrong, you should appeal now. We will review this decision if you appeal. Do not wait to see if your vocational rehabilitation program is approved.

- You have 60 days to appeal.
- The 60 days start the day after you get this letter. You will need a good reason for waiting more than 60 days.
- You have to ask for an appeal in writing. Come to one of our offices if you want help.

4058 Right To Reconsideration - Blindness To Disabled

Do You Think We Are Wrong?

If you think we are wrong, you should appeal now. We will review this decision if you appeal. Do not wait to see if your check will change because of our decision that you are no longer blind.

- You have 60 days to appeal.
- The 60 days start the day after you get this letter. You will need a good reason for waiting more than 60 days.
- You have to ask for an appeal in writing. Come to one of our offices if you want help.

4059 Benefit Continuation - Medicare Involved - Primary Beneficiary - Title II

Appeal In 10 Days To Keep Getting Your Check And Medicare

You have only 10 days to ask us to continue your benefits during your appeal.

- The 10 days start the day after you get this letter.
- You can ask us to keep paying you and your family and/or continue your Medicare.
- If you lose your appeal, you might have to pay back some or all of this money, but you will not have to pay back Medicare.

4060 Benefit Continuation - Auxiliary

Contact Us In 10 Days To Keep Getting Your Check

You have only 10 days to ask us to continue your checks during your appeal. The 10 days start the day after you get this letter.

- Both you and __(1)__ must ask for your checks to continue.
- And either you or __(1)__ must file an appeal.
- If the appeal is lost, you might have to pay back some or all of the money you got.

Fill-in:

(1) W/E's name

4061 Payment Continuation - Title XVI

Appeal In 10 Days To Keep Getting Your Check

- You have only 10 days to ask us to continue your checks during your appeal.
- The 10 days start the day after you get this letter.
- If you lose your appeal, you might have to pay back some or all of this money.

4062 Payment Continuation - Blind To Disabled

Appeal In 10 Days To Make Sure Your Check Does Not Change

Your check may change because you are no longer blind. But you can ask us to continue your same check during your appeal.

- You have only 10 days to ask us to continue your same check.
- The 10 days start the day after you get this letter.
- If you lose your appeal, you might have to pay back some or all of this money.

4063 Benefit Continuation - Medicare Involved - Later Cessation or Basis Change Only

Appeal In 10 Days To Start Getting Your Check And Medicare

You have only 10 days to ask us to start your benefits again during your appeal.

- The 10 days start the day after you get this letter.
- You can ask us to start paying you and your family and/or start your Medicare.
- If you lose your appeal, you might have to pay back some or all of this money, but you will not have to pay back Medicare.

4064 Benefit Continuation - Auxiliary

Contact Us In 10 Days To Start Getting Your Check

You have only 10 days to ask us to start your checks again during your appeal. The 10 days start the day after you get this letter.

- Both you and __(1)__ must ask for your checks to start again.
- And either you or __(1)__ must file an appeal.
- If the appeal is lost, you might have to pay back some or all of the money you got.

Fill-in:

(1) W/E's name

4065 Payment Continuation - Later Cessation - Title XVI

Appeal In 10 Days To Start Getting Your Check

- You have only 10 days to ask us to start your checks again during your appeal.

- The 10 days start the day after you get this letter.
- If you lose your appeal, you might have to pay back some or all of this money.

4066 Disability Hearing Information

How An Appeal Works

A Disability Hearing Officer will decide your appeal. We will call this person a DHO in the rest of our letter. The DHO will meet with you before making the decision on your appeal. The meeting works like this.

- The DHO will write you about the time and place for the meeting.
- You can look at your file before the meeting.
- You can tell the DHO why you think you are still disabled. You can give the DHO more facts. And you can bring people to say why you are disabled.
- You can have the DHO ask people to come to the meeting and bring important papers. You can question these people at the meeting.
- You do not have to go to the meeting in person. If you do not want to go, you can give the DHO more facts you may have. The DHO will decide your case using these facts, and what is now in your file. But if you go to the meeting, it may help the DHO decide your case.

4067 Disability Hearing Information - Blind Only

How An Appeal Works

A Disability Hearing Officer will decide your appeal. We will call this person a DHO in the rest of our letter. The DHO will meet with you before making the decision on your appeal. The meeting works like this.

- The DHO will write you about the time and place for the meeting.
- You can look at your file before the meeting.
- You can tell the DHO why you think you are still blind. You can give the DHO more facts. And you can bring people to say why you are blind.

- You can have the DHO ask people to come to the meeting and bring important papers. You can question these people at the meeting.

- You do not have to go to the meeting in person. If you do not want to go, you can give the DHO more facts you may have. The DHO will decide your case using these facts, and what is now in your file. But if you go to the meeting, it may help the DHO decide your case.

4069 If You Need Help With Your Appeal

If You Want Help With Your Appeal

You may want help from a friend, lawyer or someone else. There are groups that can find you a lawyer. Some can give you a free lawyer. We can give you the names of these groups.

4070 Things to Remember - Title II

If Your Health Gets Worse

If your health gets worse and you feel that you are disabled again, please get in touch with us. You may be able to get benefits again.

4071 Things To Remember - Medicare - Current Coverage

If Your Health Gets Worse

If your health gets worse and you feel that you are disabled again, please get in touch with us. You may be able to get Medicare again.

4072 Things to Remember - Medicare - Future Coverage

If Your Health Gets Worse

If your health gets worse and you feel that you are disabled again, please get in touch with us. You may be able to file for Medicare again.

4073 Things To Remember - Title XVI

If Your Health Gets Worse

If your health gets worse and you feel that you are disabled again, please get in touch with us. You may be able to get checks again.

4074 Things To Remember - Blind To Disabled - Title XVI

Things To Remember

The decisions we made on your case are based on information we have now. If this information changes, it could affect your checks. For this reason, it is important that you report changes right away. We have enclosed a pamphlet "What You Have To Know About SSI." It will tell you what must be reported and how to report. Be sure to read the parts of the pamphlet about what to do if you go to work or your health improves.

4077 Things To Remember - Blind Only - Title XVI

If Your Health Gets Worse

If your health gets worse, please get in touch with us. You may be able to get checks again.

4078 FO Referral

If You Have Any Questions

If you have any questions, you should call, write, or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

4079 Multicategory Case - Blind To Disabled - Title XVI

This Change Could Affect You

Supplemental Security Income (SSI) can be different for blind people than for disabled people. For example:

- Work does not affect a blind person's medical eligibility for SSI. But it does affect a disabled person's medical eligibility.
- And in some States a blind person may get more money in their check.
- Also, we do not count certain income when we figure a blind person's check.

Because the rules can be different, your SSI check may change now or in the future. We will write you if your check will change.

4080 DIB or CDB Medical Cessation - Title II

Your health has improved and you are able to work starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4081 Disability Cessation - Clear Cut - Title II

When you became entitled to benefits, we expected that your health might improve. The evidence in your case shows that your health has improved and you became able to work starting in ___(1)__.

Fill-in:

(1) Month and year disability ceased

4082 DIB, DWB or CDB Cessation - Whereabouts Unknown or Failure to Cooperate - Required Information Not Submitted - Title II

We need information to decide whether you are still disabled. We asked you to furnish the information but it has not been received. Therefore, we have decided that your disability ended in __(1)__.

Fill-in:

(1) Month and year disability ceased

4083 DIB, DWB, CDB Cessation - Whereabouts Unknown or Failure to Cooperate - Requested Medical Examination Not Taken - Title II

We need information to decide if you are still disabled. We asked you to take a special medical examination at our expense but you have not done so. Therefore, we have decided that your disability ended in __(1)__.

Fill-in:

(1) Month and year disability ceased

4084 Medical Cessation - Advances in Medical Therapy or Technology - Title II/Title XVI

Your ability to work has been helped by new medical or rehabilitative treatments that you have received. These treatments allow you to work starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4085 Medical Cessation - Advances in Vocational Therapy or Technology - Title II/Title XVI

Your ability to work has been helped because you have undergone vocational therapy. This therapy includes any additional education, counseling, training or work experience you have received. This therapy allows you to work starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4086 Medical Cessation - New or Improved Diagnostic or Evaluative Techniques - Title II/Title XVI

Based on new or improved diagnostic or evaluative methods your health is not as bad as it was considered to be at the time of the most recent favorable medical decision. You can work starting in ___(1)____.

Fill-in:

(1) Month and year disability ceased

4087 Cessation - Prior Determination in Error - Title II/Title XVI

The evidence we considered in making your prior favorable decision shows that an error was made. You can work starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4088 Cessation - Fraud - Title II/Title XVI

You obtained a prior favorable determination by fraud. You are not considered disabled starting in _______.

Fill-in:

(1) Month and year disability ceased

4089 Adult Disability Cessation - Medical - Excluding Clear-Cut Cessation Due to Full-Time Work Activity - Title XVI

The medical evidence shows that your health improved in __(1)__ and you are now able to work.

Fill-in:

(1) Month and year disability ceased

4090 Adult Disability Cessation - Medical - Clear-Cut Cessation Due to Full-Time Work Activity - Title XVI

Your health has improved and you have been able to work full-time. Your health does not prevent you from working starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4091 Disability Cessation - Failure to Cooperate - Title XVI

Note: Insert (1) for failure to furnish required evidence, (2) for failure to take a required medical examination.

We need information to decide if you are still disabled. Although you have been asked to (1) furnish the required information, it has not been submitted. (2) take a special medical examination at our expense, you have not done so. Therefore, based on the evidence we have, we cannot determine that your disability continued beyond __(1)__.

Fill-in:

(1) Month and year disability ceased

4092 Blindness Cessation - Failure to Cooperate - Title XVI

Note: Insert (1) for failure to furnish required evidence, (2) for failure to take a requested medical examination.

We need information to decide if you are still disabled. Although you have been asked to (1) furnish the required information, it has not been submitted. (2) take a special medical examination at our expense, you have not done so. Therefore, based on the evidence we have, we cannot determine that your eligibility as a blind person continued beyond __(1)__.

Fill-in:

(1) Month and year disability ceased

4093 Blindness Cessation - Individual Not Disabled - Title XVI

The evidence shows that your health has improved and you are no longer blind starting in __(1)__.

Fill-in:

(1) Month and year disability ceased.

4094 Child Disability Cessation - Medical - Title XVI

The medical evidence shows that __(1)__ health has improved and __(2)__ no longer meets the disability requirements in __(3)__.

Fill-ins:

(1) Child's name
(2) "he" or "she"
(3) Month and year disability ceased

4095 Failure to Follow Prescribed Treatment - Title II/Title XVI

You are not following the medical treatment that would improve your health and make you able to work. Therefore, you are not considered disabled starting in __(1)__.

Fill-in:

(1) Month and year disability ceased.

4096 DWB Medical Cessation - Title II

Your health has improved. You no longer meet the special medical rules to get disabled widow(er)'s benefits starting in __(1)__.

Fill-in:

(1) Month and year disability ceased

4097 Benefit Continuation Rights - Medicare Not Involved

Appeal In 10 Days To Keep Getting Your Check

You have only 10 days to ask us to continue your checks during your appeal.

- The 10 days start the day after you get this letter.
- Also, if you ask us to keep paying you and you are covered by Medicare, your Medicare will continue.
- If you lose your appeal, you might have to pay back some or all of this money, but you will not have to pay back Medicare.

4098 Appeal Rights - Face-to-Face Hearing - Reopening to a Later Onset

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. People who have not seen your case before will look at it. These people work for an agency of your State. They may find that you were disabled earlier. If they do not, your case will then be sent to a Disability Hearing Officer. In the rest of our letter we will call this person a DHO. The DHO will correct mistakes and look at any more facts you have. We call this a disability hearing.

- You have 60 days to ask for a disability hearing.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days.
- You have to ask for a disability hearing in writing. Come to one of our offices if you want help.

NOTE: Delete caption when used on award notices.

4104 Appeals Rights - ALJ Hearing - Title II

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. A person who has not seen your case will look at it. That person will be an administrative law judge. In the rest of our letter, we will call this person an ALJ. The ALJ will correct mistakes and look at any new facts you have before deciding your case. We call this a hearing.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days to ask for a hearing.

4107 Appeals Rights - ALJ Hearing - Title XVI

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. A person who has not seen your case will look at it. That person will be an administrative law judge. In the rest of our letter, we will call this person an ALJ. The ALJ will correct mistakes and look at any new facts you have before deciding your case. We call this a hearing.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days to ask for a hearing.
- You have to ask for a hearing before an ALJ in writing. Contact one of our offices if you want help.

4115 Benefits End - Later Cessation

How This Affects Your Checks

- You are no longer disabled as of __(1)__.
- You are due checks for that month and the next two months.

- Your last check will be for __(2)__.
- If you are due back checks, we will write you soon about the money we owe you.

Fill-ins:

(1) Month and Year of cessation
(2) Month and Year of termination

4116 Lead In - Reopening To Later Cessation - No Medical Improvement - Title II

We recently looked at your case to see if the decision we made to stop your benefits was right. After carefully reviewing all of the information, we found that you were not able to work as of (1)__. But we found that as of __(2)__ you were able to work.

Fill-ins:

(1) Month and Year of original cessation
(2) Month and Year of later cessation

4117 Lead In - Reopening To Later Cessation - No Medical Improvement - Title XVI

We recently looked at your case to see if the decision we made to stop your checks was right. After carefully reviewing all of the information, we found that you were not able to work as of __(1)______. But we found that as of __(2)__ you were able to work.

Fill-ins:

(1) Month and Year of original cessation
(2) Month and Year of later cessation

4124 Title XVI Continuation Notice - Vocational Rehabilitation Referral Paragraph

You May Be Able To Get Vocational Rehabilitation

You may want to get in touch with your State Vocational Rehabilitation Agency. They may be able to help you get training for a new job and find work.

4126 Title XVI Continuation Notice - Things To Remember

Things to Remember

The decisions we made on your case are based on information we have now. If this information changes, it could affect your checks. For this reason, it is important that you report changes right away. Be sure to tell us about any of the following changes.

- You return to work.
- Your job, pay or work expenses change, if you are working now.
- Your doctor says your health is better.
- Your income or resources change.

4127 Lead In - Reopening To Cessation - Group II Exception - Title II

We recently looked at your case again to see if our decision to continue your benefits was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are no longer entitled to benefits.

4128 Lead In - Reopening to Cessation - Group II Exception - Title XVI

We recently looked at your case again to see if our decision to continue your benefit checks was right. After reviewing all of the information carefully, we are changing that decision. We have decided that you are no longer entitled to checks.

4131 Right To Reconsideration (Foreign Claim)

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. People at the International Program Service Center who have not seen your case before will look at it. They may find that you are disabled. If they do not, your case will then be sent to a Disability Hearing Officer. In the rest of our letter, we will call this person a DHO. The DHO will correct mistakes and look at any more facts you have. We call this a disability hearing.

- You have to ask for a disability hearing in writing.
- You have 60 days to ask for a disability hearing.
- The 60 days start the day after you get this letter.
- Disability hearings are held in the United States. If you come for your disability hearing, the trip to the United States will be at your own expense.

4132 Right to Reconsideration - Auxiliary (Foreign claim)

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal. If you appeal, you can have a face-to-face hearing before a Disability Hearing Officer.

- You have 60 days to ask for a disability hearing.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days.
- Disability hearings are held in the United States. If you come for your disability hearing, the trip to the United States will be at your own expense.

4133 Right to Reconsideration - Award Notice - Revision to Later Onset (Foreign claim)

If you think we are wrong, you have the right to appeal. You have 60 days to ask for an appeal. The 60 days start the day after you get this letter. You will have to have a good reason for waiting more than 60 days. You have to ask for an appeal in writing.

If you think you were disabled earlier, the appeal works like this. People at the International Program Service Center who have not seen your case before will look at it. They may find that you were disabled earlier. If they do not, your case will then be sent to a Disability Hearing Officer. In the rest of this letter we will call this person a DHO. The DHO will correct mistakes and look at any more facts you have. We call this a disability hearing. Disability hearings are held in the United States. If you come for your disability hearing, the trip to the United States will be at your own expense.

A disability hearing works like this. The DHO will tell you the time and place for the disability hearing. You can look at your file before the disability hearing. The DHO will explain the law in your case. The DHO will state the known facts and tell you what is to be decided. You can tell the DHO why you think we are wrong. You can give the DHO more facts. You can bring people to say why you are right. The DHO can ask people to come to your disability hearing and bring important papers. You can question these people at your disability hearing. You do not have to go to the disability hearing in person. If you want, you can just give the DHO more facts you may have. The DHO will decide your case using these facts and what is now in your file. But if you go to the disability hearing, it may help the DHO decide your case.

4134 General Closing Paragraph (Foreign Claim)

If You Have Questions or Want to Appeal

- If you live in the United States, British Virgin Islands, Canada or Western Samoa, contact any Social Security office.
- If you live in Mexico, contact any Social Security office or the nearest United States Embassy or consulate.
- If you live in the Philippines, contact the Veterans Administration Regional Office, Social Security Division, 1131 Roxas Boulevard, Manila.

- In all other countries, get in touch with the nearest United States Embassy or consulate.

You may also write to the Social Security Administration, P.O. Box 1756, Baltimore, Maryland 21203, U.S.A. Please be sure to include your claim number if you do write. However, if you visit an office, please take this letter. It will help the people there answer your questions. (Form Notice.)

-or-

If You Have Questions or Want to Appeal

If you have any questions or want to appeal, you should contact (see fill-ins). You may also write to the Social Security Administration, P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Please be sure to include your claim number if you do write. However, if you visit an office, please take this letter. It will help the people there answer your questions.

Fill-ins:

A. If the consular code is 600 or 601, then show:

"The Veterans Administration Regional Office Social Security Division, 1131 Roxas Boulevard, Manila."

B. If the consular code is 953, 815 or 816, then show:

"any Social Security office."

C. If the consular code is 704, 714, 734, 754, 773, 774, 783, 793 or 899, then show:

"any Social Security office or the nearest United States Embassy or consulate."

D. If the geographic code is 10120A, 50160A or 33020E, then show:

"any Social Security office or the nearest United States Embassy or consulate."

E. If the geographic code is 05480A, then show:

"any Social Security office or the nearest United States Embassy or consulate. Or, if you live in the Philippines, you may contact the Veterans Administration Regional Office, Social Security Division, 1131 Roxas Boulevard, Manila."

F. If consular or geographic code is other than shown above, then show:

"the nearest United States Embassy or consulate." (Word Processing Notice)

4135 Disability Hearing Information (Foreign claim)

How An Appeal Works

A Disability Hearing Officer will decide your appeal. We will call this person a DHO in the rest of our letter. The DHO can meet with you before making the decision on your appeal. The meeting works like this.

- The DHO will write you about the time and place for the meeting. It will be held in the United States.
- You can look at your file before the meeting.
- You can tell the DHO why you think you are still disabled. You can give the DHO more facts. And, you can bring people to say why you are disabled.
- You can have the DHO ask people to come to the meeting and bring important papers. You can question these people at the meeting.
- You do not have to go to the meeting in person. If you do not want to go, you can give the DHO more facts you may have. The DHO will decide your case using these facts, and what is now in your file.

4147 Lead In - Reopening To A Later Onset - Title XVI

We recently looked at your Supplemental Security Income claim again to make sure that our decision was right. After reviewing all of the information carefully, we are changing our decision. We now find that your disability or blindness did not begin until ___(1)___.

Fill in:

(1) month, day and year of later onset

4149 Lead In - Reopening to Denial - Title XVI

We recently looked at your Supplemental Security Income claim again to make sure our decision was right. After reviewing all of the information carefully, we are changing our decision. We now find that you are not disabled or blind. Therefore, your claim is denied. You will get another letter soon about when your checks will stop.

4158 Auxiliary Notice - Lead In - Allowance to Denial

We recently looked at ____(1)_____ disability case again to make sure that our decision was right. After reviewing all of the information carefully, we are changing our decision. We now find that __(2)____ was not disabled. Therefore, your claim is denied. You will get another letter soon about when your checks will stop.

Fill Ins:

(1) W/E's name (possessive)
(2) he/she

4159 Lead In - Allowance to Denial - Title II

We recently looked at your disability claim again to make sure that our decision was right. After reviewing all of the information carefully, we are changing our decision. We now find that you are not disabled. Therefore, your claim is denied. You will get another letter soon about when your checks will stop.

4160 Right To Reconsideration - Award Notice

If you think we are wrong, you have the right to appeal. You have 60 days to ask for an appeal. The 60 days start the day after you get this letter. You will have to have a good reason for waiting more than 60 days. You have to ask for an appeal in writing. Come to one of our offices if you want help.
If you think that you were disabled earlier, the appeal works like this. People who have not seen your case before will look at it. These people work for an agency of your State. They may find that you were disabled earlier. If they do not, your case will then be sent to a Disability Hearing Officer. In the rest of this letter we will call this person a DHO. The DHO will correct mistakes and look at any more facts you have. We call this a disability hearing.

A disability hearing works like this. The DHO will tell you the time and place for the disability hearing. You can look at your file before the disability hearing. The DHO will explain the law in your case. The DHO will state the known facts and tell you what is to be decided. You can tell the DHO why you think we are wrong. You can give the DHO more facts. You can bring people to say why you are right. The DHO can ask people to come to your disability hearing and bring important papers. You can question these people at your disability hearing. You do not have to go to the disability hearing in person. If you want, you can just give the DHO more facts you may have. The DHO will decide your case using these facts and what is now in your file. But if you go to the disability hearing, it may help the DHO decide your case.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Enclosure: SSA Pub. No. 05-11008

4170 Lead-In - Affirmation Of A Denial

We recently looked at your claim to see if our decision that you are not disabled was right. After carefully reviewing all of the information, we again find that you are not disabled. This means that you will not get disability checks.

4171 Lead-In - Affirmation Of A Later Onset

We recently looked at your claim to see if your disability began before ___(1)____. After carefully reviewing all of the information, we again find that you were disabled as of __(1)___. This means that you will not get any back checks, and the checks you get now will not change.

Fill-in:

(1) Onset month and year

4172 Lead-In - Affirmation Of A Closed Period

We recently looked at your claim to see if your disability continued after __(1)____. After carefully reviewing all of the information, we again find that you were disabled from __(2)_____ to __(1)___. This means that you will not get any more checks.

Fill-ins:

(1) Cessation month and year
(2) Onset month and year

4173 Appeal Of The Earlier Decision

About Your Appeal Of The Earlier Decision

You appealed the earlier decision on your claim. The administrative law judge did not make a decision, but instead told us to look at your claim again using new information.

4175 DDS Decision - Foreign Version

Who Decided Your Case

Our doctors and other trained personnel made the disability decision in your case.

4176 Appeals Rights - ALJ Hearing Formal Remands

Do You Think We Are Wrong?

If you think we are wrong, you have the right to appeal again. An administrative law judge will look at your claim. In the rest of our letter, we will call this person an ALJ. The ALJ will correct mistakes and look at any new facts you have before deciding your case. We call this a hearing.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you get this letter.
- You will have to have a good reason for waiting more than 60 days to ask for a hearing.
- You have to ask for a hearing in writing. Contact one of our offices if you want help.

4177 How An ALJ Hearing Works

How A Hearing Works

A hearing works like this:

- The ALJ will tell you the time and place for the hearing.
- The ALJ will explain the law in your case. The ALJ will state the known facts and tell you what has to be decided.

- You can tell the ALJ why you think we are wrong. You can give the ALJ more facts. And you can bring people to say why you are right.
- The ALJ can make people come to your hearing and bring important papers. You can question these people at the hearing.
- We will ask if you want to go to the hearing in person. If you say you want to go, you should attend it if at all possible. If you change your mind or if you cannot get to the hearing you should tell us. You should know that your being there may help the ALJ decide your case.

4178 How An ALJ Hearing Works - Foreign Version

How A Hearing Works

A hearing works like this:

- The ALJ will tell you the time and place for the hearing.
- The ALJ will explain the law in your case. The ALJ will state the known facts and tell you what has to be decided.
- You can tell the ALJ why you think we are wrong. You can give the ALJ more facts. And you can bring people to say why you are right.
- The ALJ can make people come to your hearing and bring important papers. You can question these people at the hearing.
- We will ask if you want to go to the hearing in person. If you say you want to go, you should attend if all possible. If you change your mind or if you cannot get to the hearing you should tell us. You should know that your being there may help the ALJ decide your case.
- You can only have a hearing in the United States. You would have to pay any costs for traveling to the United States for the hearing.

4179 FO Referral - Foreign Version

If You Have Any Questions

If you have any questions, you should contact any Social Security office or the nearest United States Embassy or Consulate. You may also write to the Social Security Administration, P.O. Box 1756, Baltimore, Maryland, 21203, U.S.A. However, if you visit an office, please take this letter. It will help the people there answer your questions.

4180 Notice Enclosures - Cessation - Title II

Enclosures:
Explanation of Determination
SSA Pub. No. 05-10058

4181 Notice Enclosure - Cessation - Title II

Enclosure:
SSA Pub. No. 05-10058

4182 Notice Enclosures - Cessation - Title XVI

Enclosures:
Explanation of Determination
SSA Pub. No. 05-11008

4183 Notice Enclosures - Blind to Disabled - Title XVI

Enclosures:
Explanation of Determination
SSA Pub. No. 05-11008
SSA Pub. No. 05-11011

4184 Notice Enclosure - Cessation - Title XVI

Enclosure:
SSA Pub. No. 05-11008

4185 Notice Enclosures - Blind to Disabled - Title XVI

Enclosures:
SSA Pub. No. 05-11008
SSA Pub. No. 05-11011

4186 Notice Enclosures - Basis Change Only

Enclosures:
Explanation of Determination
SSA Pub. No. 70-10281

4187 Notice Enclosure - Basis Change Only

Enclosures:
SSA Pub. No. 70-10281

4202 Lead-in - Title XVI Medical Continuation

We are writing to tell you that you will continue to receive Supplemental Security Income checks if you still meet all the other eligibility requirements. This is because you are still ________ under our rules. Also, your Medicaid coverage will continue.

Fill-in: "disabled" or "blind"

4204 Lead-in - Title XVI Medical Continuation 1619(b)

We are writing to tell you that your Medicaid coverage based on Supplemental Security Income rules will continue if you still meet all the other eligibility requirements. This is because you are still __________ under our rules.

Fill-in: "disabled" or "blind"

4207 Lead In - Title XVI Medical Cessation

We are writing to tell you that you are no longer ___(1)___ under Supplemental Security Income (SSI) rules. This means that you are no longer eligible for ___(2)___.

Fill-in:

(1) "disabled" or "blind"
(2) "SSI checks" or "Medicaid based on SSI rules"

4213 Payments End - Title XVI Cessation 1619(a)

When Your Checks Will Stop

You are no longer disabled as of ___(1)___. If you are getting checks, you will receive them for that month and the next 2 months, and your last check will be for ___(2)___.

Fill-ins:

(1) Cessation month/year
(2) Last month/year of entitlement/eligibility

4217 Information About Medicaid - Title XVI 1619(b)

If You Need Medical Assistance

Your State may be able to help you with other kinds of medical assistance. You can contact (see DI 31505.001 paragraph 0152 for name of State Medicaid agency) at any time to see if the people there can help you with your medical expenses.

4221 Title XVI Continuation Notice - Medical Improvement Expected

We Will Review Your Case Again

The doctors and other trained personnel who decided that you are still ___(1)___ expect your health to improve. Therefore, we will review your case again in ____(2)____. We will send you a letter before we start the review.

Fill-ins:

(1) "disabled" or "blind"
(2) Month and year of scheduled reexamination.

4223 Title XVI Continuation Notice - Medical Improvement Not Expected

We Will Review Your Case Again

Doctors and other trained personnel decided that you are still ___(1)___. And we realize that your health may not improve. But we must review all ___(2)___ cases. Therefore, we will review your case again in 5 to 7 years. We will send you a letter before we start the review.

Fill-ins:

(1) "disabled" or "blind"
(2) "disability" or "blindness"

4225 Title XVI Continuation Notice - Medical Improvement Possible

We Will Review Your Case Again

The doctors and other trained personnel who decided that you are still ________ believe that your health may improve. Therefore, we will review your case again in about 3 years. We will send you a letter before we start the review.

Fill-in: "disabled" or "blind"

4227 Vocational Rehabilitation - Title XVI 1619(b)

If Your Vocational Rehabilitation Is Approved

You told us that you were in a vocational rehabilitation program. If we approve your program, you will be eligible for Medicaid based on disability until you finish it. We will review your program soon. And we will write you to let you know if it is approved.

4229 Medicaid Cessation

When Your Medicaid Will Stop

You are no longer ___(1)___ as of ___(2)___. If you have Medicaid coverage, it will continue for that month and the next 2 months. Your last month of Medicaid coverage based on SSI rules will be ___(3)___.

Fill-ins:

(1) "disabled" or "blind"
(2) Cessation month/year
(3) Last month/year of Medicaid eligibility

4231 Medicaid Continuation - Title XVI 1619(b) Cessation

Appeal In 10 Days To Keep Your Medicaid

- You have only 10 days to ask us to continue your Medicaid coverage during your appeal.
- The 10 days start the day after you get this letter.
- If you lose your appeal, you will not have to pay back any medical expenses covered by Medicaid.
- If you receive any SSI checks while we decide your appeal, you might have to pay back some or all of the money if you lose your appeal.

C25 CLAIMANT REQUESTS RETURN OF DOCUMENT

Enclosure;
Document

MG10 RECONSIDERATION PARAGRAPH

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You should make your request through any Social Security office. If additional evidence is available, you should submit it with your request.

MG20 FIELD OFFICE REFERRAL

If you have any questions about your claim, you may get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this notice with you.

MK12 NUMBER HOLDER ALLOWED A PERIOD OF DISABILITY (FREEZE) BUT DENIED DISABILITY BENEFITS

We have reviewed your Social Security Claim and find that you are entitled to a period of disability but you are not entitled to disability insurance benefits. We have established a period of disability for you beginning __(1)__. To be eligible for disability benefits, a person must be unable to engage in any substantial gainful activity. It has been determined from the evidence in your case, that the work you have done while under your handicap shows your ability to do some type of substantial gainful work. Thus, you are not entitled to these benefits. Under special provisions of the social security law concerning blind persons, however, you are entitled to a period of disability regardless of your ability to work.

The period of disability now established for you is important. It protects your right to insurance benefits and the benefit rights of your dependents and survivors. However, in cases where a disabled worker was furnishing one-half support to a parent when the period of disability began, proof of this support must be submitted without delay. Failure to do so may cause such parent to be ineligible for benefits at a later date.

The period of disability established for you will end when you no longer meet the definition of blindness or when you reach age 65, whichever occurs first. If before age 65 you become unable to continue working because of your condition, or if your condition causes you to substantially reduce your work activity, you should get in touch with any Social Security office about filing an application for disability insurance benefits.

Fill-in: (1) Date Freeze Begins

MM51 DIB DENIAL-DATE EARNINGS REQUIREMENT LAST MET

Your Social Security record at the time you applied for disability benefits shows that you meet the earnings requirement for disability purposes until __(1)__. Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

Fill-in: (1) MM/DD/YY

MM52 EXPIRATION OF WIDOW(ER)'S PRESCRIBED PERIOD

The last day of the specified period for you __(1)__ __(2)__. An explanation of the disability requirement and the 7 year period is given on the back of this letter.

Fill-ins: (1) "is" if the P/P ends on a future date "was" if the P/P ended on a past date (2) Date that the P/P expires.

RJ86 NH-DISABLED WIDOW(ERS) OR CHILD ENTITLED TO MEDICARE—MEDICAL REEXAM NOT SCHEDULED

If you return to work while you are still disabled, you may be entitled to a trial work period to test your ability to resume work. During this period you may work in as many as 9 months (which need not be consecutive) and still be considered disabled for entitlement to Medicare coverage no matter how high your earnings. After the trial period has ended, we will consider the work you did in determining whether you have shown by your work activity that your disability has ended. However, you are not entitled to a trial work period if you are entitled to a second period of disability for which you did not have to complete a waiting period.

Responsibilities of People Entitled to a Period of Disability for Medicare Coverage

To prevent any incorrect entitlement, please notify us promptly if:

1. You have already returned to work when you receive this notice; or
2. You return to work in the future, regardless of how much you earn.

RJ87 NH-DISABLED WIDOW(ERS) OR CHILD ENTITLED TO MEDICARE—REEXAMINATION SCHEDULED-CDI

Since your condition may improve, we have scheduled a review for __(1)__. At that time, you will be contacted if there is any question as to whether your condition remains severe. Also a review of your claim may be necessary if you return to work. If we do get in touch with you, we may ask you to give us more information or to take a medical examination. If we find that you are still disabled, your period of disability for Medicare coverage will continue. But if the evidence shows you are no longer disabled, your period of disability for Medicare coverage will end.

Responsibilities of People Entitled to Medicare Coverage for the Disabled

To prevent incorrect entitlement to a period of disability for Medicare coverage, please notify us promptly if:

1. You have already returned to work when you receive this notice, or
2. You return to work (regardless of how much you earn), or
3. Your doctor advises you that your condition has improved and that you are able to work.

Fill-in: (1) MM/YY of Scheduled Reexamination Date

T20 DIB OR CDB MEDICAL CESSATION

The law provides that an individual's disability period shall end if the person is able to do substantial gainful work. The law also provides that an individual will receive benefit payments for the month disability ends and the following two months. The medical evidence in your case shows that you became able to do substantial gainful work in __(1)__. Accordingly, the last disability benefit to which you are entitled is for the month of __(2)__.

Fill-ins: (1) MM/YY (2) MM/YY

T21 DIB OR CDB CESSATION—WORK ACTIVITY (NO TRIAL WORK PERIOD)

The law provides that an individual's disability period shall end if the person becomes able to do substantial gainful work. The law also provides that an individual will receive benefit payments for the month disability ends and the following two months. The evidence in your case shows that you became able to do substantial gainful work in __(1)__. Accordingly, the last disability benefit payment to which you are entitled is for the month of __(2)__.

Fill-ins: (1) MM/YY (2) MM/YY

T22 DIB OR CDB CESSATION—WORK ACTIVITY (TRIAL WORK PERIOD)

The law provides that an individual's disability period shall end if the person becomes able to do substantial gainful work. The law also provides that an individual will receive benefit payments for the month disability ends and the following two months. Not until a person has performed services in at least 9 months is a decision made as to whether the person has become able to do substantial gainful work. The evidence in your case shows that you have performed services in at least 9 months and that you became able to do substantial gainful work in __(1)__. Accordingly, the last disability benefit payment to which you are entitled is for the month of __(2)__.

Fill-ins: (1) MM/YY (2) MM/YY

T23 DIB OR CDB CESSATION—WHEREABOUTS UNKNOWN OR FAILURE TO COOPERATE—REQUIRED INFORMATION NOT SUBMITTED

Information is needed to determine whether you are still disabled. Although you have been requested to furnish the required information, it has not been submitted. Therefore, we have determined that your disability ended in __(1)__. The law provides that an individual will receive benefit payments for the month disability ends and the following two months. Accordingly, the last disability payment to which you are entitled is for the month of __(2)__.

Fill-ins: (1) MM/YY (2) MM/YY

T24 DIB OR CDB CESSATION—WHEREABOUTS UNKNOWN OR FAILURE TO COOPERATE—REQUESTED MEDICAL EXAMINATION NOT TAKEN

Information is needed to determine whether you are still disabled. Although you have been requested to take a medical examination at our expense, you have not complied with our request. Therefore, we have determined that your disability ended in __(1)__. The law provides that an individual will receive benefit payments for the month disability ends and the following two months. Accordingly, the last disability benefit payment to which you are entitled is for the month of __(2)__.

Fill-ins: (1) MM/YY (2) MM/YY

T25 FREEZE CONTINUANCE—DIB CESSATION (STATUTORY BLINDNESS)

The law provides that an individual's disability benefits shall end if the person becomes able to do substantial gainful work. The law also provides that an individual will receive benefit payments for the month in which the person becomes able to do substantial gainful work and the following two months. Not until a person has worked in at least 9 months is a decision made as to whether he has become able to do substantial work. The evidence in your case shows that you have worked in at least 9 months and that you became able to do substantial gainful work in __(1)__. Accordingly, the last disability benefit payment to which you are entitled is for the month of __(2)__. However, your disability freeze will be continued until you reach age 65 or you no longer meet the definition of blindness contained in the law.

Fill-ins:

(1) MM/YY
(2) MM/YY

T26 DIB AGE 62-65 (NO RIB CLAIM FILED)NOTE: Systems generated notices carry this paragraph on the reverse side of the form letter.

If your condition again prevents you from doing substantial gainful work before age 65, you may file a new application for disability benefits. If you apply promptly and are again found entitled to disability benefits, your benefit payments will start with the first full month in which you are again disabled. Also, the law permits an individual to still draw retirement insurance benefits at a reduced rate as early as age 62. For more information, please get in touch with any Social Security office.

T27 DIB—UNDER AGE 62

If your condition again prevents you from doing substantial gainful work before age 62, you should get in touch with your Social Security office about filing a new application for disability benefits. If you act promptly and are again found entitled to disability benefits, your benefit payment may start with the first full month in which you were again disabled.

T28 DDS PHYSICIAN PARTICIPATED IN DECISION-STATE CASE

The decision on your claim was made by the Social Security Administration (not your personal physician) on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participated in making this determination.

T32 CDB REENTITLEMENT NOTICE

Although your entitlement to childhood benefits ceased, you may again become entitled to childhood disability benefits, if you become disabled within the 7-year reentitlement period prescribed in the law. The 7-year period begins with the month after your last childhood disability check was due. If, however, you perform enough work to become insured on your own earnings record and again become disabled you can become entitled to disability insurance benefits even though your second disability did not begin within the prescribed 7-year period.

BASIC
SSA Pub. No. 68-0431500
January, 1986

Audience: DO/BO/TSC--OS, RR; PSC--CRTA, DE, DEC, DTE, IES, RECONE; ODO--CT, CTTA, DE, DEC, DS, LSC, RECONE; INTPSC--CC, CIES, ERE, FCR, FDE, RECONE; DDS--ADJ, DHU

Originating Office: SJH92

PROGRAM OPERATIONS MANUAL SYSTEM
Part 04 - Disability Insurance
Chapter 315 - Correspondence
Subchapter 10 - Model Language and Model Letters

New Material	No. of Pages
Conversion Chart	1
Table of Contents (DI 31510.001 - DI 31510.200)	2
DI 31510.015 - DI 31510.200	22

Background

Part 04 (Disability Insurance) of the Program Operations Manual System (POMS) has been reorganized into three user-component segments following a work or case flow sequence. These segments are: district office (DO) procedures; disability determination services (DDS) procedures; and processing center (PC) procedures.

This transmittal contains material for the DDS procedures segment. The material does not change existing policy and procedures (unless specifically noted in the "Explanation of Manual Changes"). However, it may clarify or simplify certain existing instructions. In addition, references to the Social Security Act and Code of Federal Regulations have been added where appropriate.

Explanation of Manual Changes

This subchapter contains model language and model letters used in notice preparation.

Chapter 315—Correspondence
Subchapter 10—Model Language and Model Letters

Old POMS Disability Insurance (DI) Reference	New POMS Reference
00401.581	DI 31510.075
00401.852 Q.	DI 31510.080 DI 31510.085
00501.525 B.	DI 31510.090
00501.620	DI 31510.095
A00505.206-2	DI 31510.110
A00505.206-3	DI 31510.115
A00505.206-4	DI 31510.120
A00505.206-7	DI 31510.125
A00505.206-8	DI 31510.130
A00505.206-9	DI 31510.135
A00505.206-10	DI 31510.140
00601.220	DI 31510.045
00601.225	DI 31510.050
00601.230	DI 31510.055
00601.235	DI 31510.060
00601.240	DI 31510.065
00601.245	DI 31510.070
01007.448	DI 31510.100
01007.605	DI 31510.165
01007.606	DI 31510.170
01007.625	DI 31510.160
01007.630	DI 31510.175
01007.635	DI 31510.180
01007.640	DI 31510.185
01007.645	DI 31510.190
01007.650	DI 31510.195
01007.655	DI 31510.200
01007.705	DI 31510.005
01007.710	DI 31510.010
01007.715	DI 31510.015
01007.720	DI 31510.020
01007.725	DI 31510.025
01007.730	DI 31510.030
01007.735	DI 31510.035
01007.805	DI 31510.040
A01007.612	DI 31510.155

New Material

DI 31510.001
DI 31510.105

31510.000 Model Language and Model Letters

Section

Model Language 31510.001

DA/A Model Language

Model Language—DA/A Reconsideration Review Results in Denial Reversing Initial Allowance Determination (New Case) 31510.005
Model Language—DA/A Reconsideration Review Results in a Cessation Which Reverses the Earlier Continuance Determination (Conversion Case) 31510.010
Model Language—DA/A Reconsideration Review Results in a Determination That Claimant Is Disabled Irrespective of Drug Addiction or Alcoholism (New or Conversion Case) 31510.015
Model Language—Continuing Disability Review (CDR) Determination of Continuance—Claimant Disabled Independent of Drug Addiction or Alcoholism 31510.020
Model Language—CDR Determination of Continuance—Drug Addiction or Alcoholism Contributes to Finding of Continuing Disability 31510.025
Model Language—CDR Determination of Continuance—Drug Addiction or Alcoholism Contributes to Finding of Continuing Disability (DA/A Indicator Not Previously Imposed but Now Applicable) 31510.030
Reverse Side of Sections DI 31510.020 Through DI 31510.030(CDR - DA/A) 31510.035
Notice of Planned Action—Failure to Follow Prescribed Treatment—Blindness—Adult or Child (Use Form SSA-L8156-U2) 31510.040
Response When Information Furnished by Third Parties 31510.045
Model Language—Notice to Individual That Medical Records Are Being Forwarded to Representative 31510.050
Model Language—Transmittal Letter Forwarding Medical Records to Designated Representative 31510.055
Model Language—Requirement to Designate Representative to Receive Medical Record 31510.060
Model Language—Interim Responses to Freedom of Information Act (FOIA) Inquires 31510.065
Explanation of Use and Disclosure of Medical Information 31510.070
Model Letter—Predetermination of Failure to Follow Prescribed Treatment 31510.075
Model Language: Extended Period of Eligibility (EPE) Continuance 31510.080
Model Language: EPE Cessation 31510.085
Reopening and Revision After Conviction of a Felony or Crime in the Nature of a Felony or Reversal of Felony Conviction 31510.090
Model Language for Letters to be Sent to Title XVI Applicants in Wholly or Partially Favorable Reversals 31510.095
Notice of Remailing 31510.100
Model Letters 31510.105

Benefit Continuation Model Letters

Model Letter A—Pipeline Notice to the Title II Beneficiary Whose Disability Determination Is Being Appealed 31510.110
Model Letter B—Pipeline Notices to Auxiliary Title II Beneficiary Whose Benefits Are Dependent on Another Beneficiary's Appeal 31510.115
Model Letter C—Pipeline Notices to Title XVI Recipient Where *Goldberg/Kelly* Payments Are Not Being Paid, Because Claimant Waived G/K Payments or Did Not File a Timely Appeal 31510.120
Model Letter F—Pipeline Notice to the Title II Beneficiary Entitled to EPE Whose Impairment Severity Determination Is Being Appealed 31510.125

Section

Model Letter G—Pipeline Notice to Auxiliary of Title II Beneficiary Entitled to EPE Whose Benefits Are Dependent on Another Beneficiary's Appeal 31510.130
Model Letter H—Pipeline Notice to Title XVI Recipient Entitled to EPE (*Goldberg/Kelly* Payments Not Being Paid Because Claimant Waived G/K Payments or Did Not File a Timely Appeal) 31510.135
Model Letter I—Pipeline Notice to Beneficiary/Recipient Who Is Receiving Extended Period of Eligibility Continuation 31510.140

Other Model Letters

Model Letter "J"—Initial Medical Cessation—Auxiliary in Separate Household 31510.155
Model Letter "K"—DWB 31510.160
Model Letter Q—Medicare Coverage Only 31510.165
Model Letter R—Medicare Coverage Only 31510.170
Model Letter S—Prisoner 31510.175
Model Letter T—Prisoner 31510.180
Model Letter U—Prisoner 31510.185
Model Letter V—Prisoner 31510.190
Model Rider W—Prisoner 31510.195
Model Rider X—Prisoner 31510.200

Model Language and Model Letters

31510.001 Model Language

Sections DI 31510.005 through DI 31510.100 detail suggested language for specific notice situations.

DA/A Model Language

31510.005 Model Language—DA/A Reconsideration Review Results in Denial Reversing Initial Allowance Determination (New Case)

(Use on Form SSA-L8455-U2)

Upon receipt of your request to reconsider the disability determination that (drug addiction) (alcoholism)[1] contributes to the finding of disability, we had all the evidence in your case reevaluated by a special group. As a result of this review, we have determined that the previous approval of your claim was not correct and that you are not eligible to receive supplemental security income payments. We considered all your medical records and everything you told us about your condition when we reevaluated your claim. We have determined that your condition is not severe enough to keep you from doing any substantial gainful work for at least 12 months in a row. Therefore, you do not meet the disability requirements of the law and supplemental security income checks cannot be sent to you.

If you believe that this reconsideration determination is not correct, you may request a hearing as explained on the reverse of this letter.

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[1] Use term that applies.

31510.010 Model Language—DA/A Reconsideration Review Results in a Cessation Which Reverses the Earlier Continuance Determination (Conversion Case)

(Use on Form SSA-L8156-U2)

Upon receipt of your request to reconsider the determination that (drug addiction) (alcoholism)[1] contributed to the finding of disability, we had all the evidence in your case reevaluated by a special group. We find that your disability ceased in (month/year). However, if you meet all other requirements of the law, you can receive payments for a 2 month period after disability ends. Therefore, (month/year) is the last month you will be eligible for payments.

If you wish to appeal this determination, you may request a hearing as explained on the back of this letter.

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[1] Use term that applies.

31510.015 Model Language—DA/A Reconsideration Review Results in a Determination That Claimant Is Disabled Irrespective of Drug Addiction or Alcoholism (New or Conversion Case)

(Use Form SSA-L8455-U2)

Upon receipt of your request to reconsider the determination that (drug addiction) (alcoholism)[1] contributes to the finding of disability, we had all of the evidence in your case reevaluated. As a result, we have determined that you meet the disability requirements of the law due to a disabling condition other than (drug addiction) (alcoholism)[1].

Therefore, you are not required to receive treatment for (drug addiction) (alcoholism)[1]. Your payments will be sent directly to you if you are able to manage you own money.

Your claim will be reviewed from time to time to see if you are eligible for benefits based on disability or blindness. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

NOTE: *Include any appropriate language from blocks 1 through 4 of the SSA-L1014.*

If you believe that this reconsideration determination is not correct, you may request a hearing as explained on the back of this letter.

Enclosure: SSA Pub. No. 05-11011

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[1] Use term that applies.

31510.020 Model Language—Continuing Disability Review (CDR) Determination of Continuance—Claimant Disabled Independent of Drug Addiction or Alcoholism

(Use on Form SSA-L8052-U2)

This notice concerns your continuing eligibility to supplemental security income payments.

We have reviewed the evidence and find that you are still disabled. As a result of our review, it has been determined that you now meet the disability requirements of the law due to a disabling condition other than (drug addiction) (alcoholism)[1]

Therefore, you are not required to receive treatment for (drug addiction) (alcoholism)[1]. Your payments will be sent directly to you if you are able to manage your own money.

Your claim will be reviewed from time to time to see if you are eligible for benefits based on disability or blindness. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

NOTE: *Include any appropriate language from blocks 1 through 4 of the SSA-L1014. Also include the language from the reverse of the SSA-L1014.*

Enclosure: SSA Pub. No. 05-11011

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[1] Use term that applies.

Option: The DDS may type the second and third paragraphs on the bottom of an SSA-L1014 if desired. Omit the first sentence of the second paragraph if the SSA-L1014 is used.

31510.025 Model Language—CDR Determination of Continuance—Drug Addiction or Alcoholism Contributes to Finding of Continuing Disability

(Use on Form SSA-L8052-U2)

This notice concerns your continuing eligibility to supplemental security income payments.

We have reviewed the evidence and find that you are still disabled and that (drug addiction) (alcoholism)[1] continues to contribute to your disability. The law requires that a person whose disability is determined to be related to (drug addiction) (alcoholism)[1] must receive his/her supplemental security income payments through another person and must undergo any appropriate available treatment for his/her condition. Therefore, you will continue to receive your payments through another person, and you must continue to undergo appropriate, available treatment.

Since your condition may improve, we have scheduled a review of your case for (show month and year of reexam diary). You will be contacted at that time.

A review of your disability status may also be necessary if you return to work. In addition, any change which may affect your eligibility or payment amount under any of the other requirements of the law could require a review of your case. The enclosed pamphlet describes all the events which would affect your continuing eligibility for or amount of benefits and which must be reported. Should any of these events occur, it is important that the Social Security Administration be notified immediately.

NOTE: *Include appeals language from DI 31510.035.*

Enclosure: SSA Pub. No. 05-11011

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[1] Use term that applies.

31510.030 Model Language—CDR Determination of Continuance—Drug Addiction or Alcoholism Contributes to Finding of Continuing Disability (DA/A Indicator Not Previously Imposed but Now Applicable)

(Use on Form SSA-L8052-U2)

This notice concerns your continuing eligibility to supplemental security income payments.

We have reviewed the evidence and find that you are still disabled and that (drug addiction) (alcoholism)[1] contributes to your disability. A person whose disability is determined to be related to (drug addition) (alcoholism)[1] must receive his/her supplemental security income payments through another person and must undergo any appropriate available treatment for his/her condition in order to be eligible for payments. Your Social Security office will contact you in the near future to discuss these requirements with you.

Since your condition may improve, we have scheduled a review of your case for (show month and year of reexam diary). You will be contacted at that time.

A review of your disability status may also be necessary if you return to work. In addition, any change which may affect your eligibility or payment amount under any of the other requirements of the law could require a review of your case. The enclosed pamphlet describes all the events which would affect your continuing eligibility for or amount of benefits and which must be reported. Should any of these events occur, it is important that the Social Security Administration be notified immediately.

NOTE: *Include appeals language from DI 31510.035.*

Enclosure: SSA Pub. No. 05-11011

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[1] Use term that applies.

31510.035 Reverse Side of Sections DI 31510.020 through DI 31510.030 (CDR DA/A)

Please get in touch with social security if:

> You believe the decision shown on the other side of this notice is wrong, or
>
> You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you have the right to appeal. The first step in the appeals process is called reconsideration. YOU MUST REQUEST RECONSIDERATION IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. If you cannot send us a written request for reconsideration within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are different ways of presenting cases for reconsideration. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The methods of reconsideration are:

A. CASE REVIEW

> In case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office. For a medical determination, the case review is made by the disability determination agency of the State in which you live and is the only type of reconsideration available.

B. INFORMAL CONFERENCE

> In addition to the rights you have in case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses tesify for you, and to have a summary record kept of the oral and written evidence presented. The informal conference is not used for appeal of determinations involving medical matters.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your social security office for names of organizations that can help you.

Please read the enclosed booklet for a full explanation of your right to question the decision made on your claim.

31510.040 Notice of Planned Action—Failure to Follow Prescribed Treatment—Blindness—Adult or Child (Use Form SSA-L8156-U2)

This is about your claim for supplemental security income payments.

To get supplemental security income payments because of blindness, your vision must be severely limited as defined in the law. However, a person may not continue to be considered blind for supplemental security income purposes if he willfully refuses to follow prescribed treatment that can be expected to restore his vision to the point where he is no longer blind as defined by law.

The evidence shows that you are blind, but that you are not following the treatment which has been prescribed for you. Therefore, benefits may not be paid to you. If you should decide to follow the prescribed treatment, or if you have more information showing why you should not, please get in touch with any Social Security office.

On the basis of the evidence we have, we find that your eligibility to supplemental security income payments as a blind person ceased in (month/year). However, if you meet all other requirements of the law, you can receive payments for a 2 month period after your blindness eligibility ends. Therefore, (month/year) is the last month you will be eligible for payments.

31510.045 Response When Information Furnished by Third Parties

The DDS may receive letters from persons other than claimants that do not require a specific response but merely provide information about claimants. Generally, these letters are from a relative or friend and may express some concern on behalf of the claimant. The third party may provide comments or observations that are not complimentary to the claimant or the disability program in general but which do not require a specific response.

Even though it may be clear from the letter that the writer is aware that an individual has a claim before SSA, care should be taken to avoid disclosing any substantive information to the writer in the absence of a written consent by the individual concerned. Therefore, it should be the general practice that such a communication simply be acknowledged. The following sample language would be appropriate:

> "Thank you for the information you have furnished concerning M__________. We appreciate your interest and we wish to assure you that any necessary action will be taken as soon as possible and M__________ will be notified, if appropriate."

31510.050 Model Language—Notice to Individual That Medical Records Are Being Forwarded to Representative

Dear__________:

This is in reply to your request for medical information obtained in connection with your disability claim.

As requested, we have forwarded (a copy) (copies) of your medical records to__________, whom you have designated as your representative.

31510.055 Model Language—Transmittal Letter Forwarding Medical Records to Designated Representative

M__________ has requested copies of medical records from his/her disability claim file. Regulations require that an individual who requests access to his/her medical records must designate a representative who would be willling to review the records and inform the individual of their contents, at the discretion of the representative.

M__________ has advised us that you will serve as his/her representative for this matter. Therefore, we are enclosing copies of his/her records which consist of the following reports:

____

____

____

(Use this paragraph only for a nonhealth professional representative). Medical information may be of such a nature that its disclosure to the individual concerned could adversely affect his/her health or interfere with his/her medical management. For this reason we suggest you exercise caution in revealing the exact contents of the records or releasing them directly to him/her.

It is not necessary to notify the Social Security Administration of the disposition of the records. However, because of the personal nature of medical information about the individual, the records should be destroyed after they have served their purpose.

31510.060 Model Language—Requirement to Designate Representative to Receive Medical Record

Dear__________:

This is in reference to your request that you be (authorized to review your medical records) (furnished copies of medical records) contained in your social security disability file.

When an individual requests notification of or access to a medical record pertaining to him or her, that individual must, at the time the request is made, designate a representative in writing. The representative may be a physician, or other health professional, or other responsible person, who would be willing to review the record and inform the individual of its contents at the discretion of the representative. You may find that a member of the local public health service, a social services worker, clergyman, the legal aid society, member of the judiciary or other public official, for example, may be willing to be your representative.

As soon as you provide the name of your representative, we will be glad to take action on your request. If you have any further questions about this matter, you may wish to contact a social security office. If you do, it may help if you take this letter with you.

31510.065 Model Language—Interim Responses to Freedom of Information Act (FOIA) Inquiries

Dear__________

We have your letter requesting records under the Freedom of Information Act, but we have not yet located the information you asked for. You will be contacted again as soon as the records have been located. I regret the delay.

or

Dear__________

The records you asked for under the Freedom of Information Act are currently in transit from one location to another so we cannot make an immediate decision on your request. You will be contacted again after the records get to their destination. I regret the delay.

31510.070 Explanation of Use and Disclosure of Medical Information

The following, in addition to being informational to the DDS', may also be used by them to notify consulting physicians of disclosure procedures stemming from the passage of the Privacy Act, and also to inform them of their responsibilities with respect to the confidentiality of medical information obtained in their examinations of claimants.

STATEMENT REGARDING THE USE OF MEDICAL EVIDENCE

Determinations of disability are generally made by Disability Determination Services, usually a component of the State vocational rehabilitation agency, under regulatory arrangement between the State and the Secretary of Health and Human Services. The Social Security Administration, without the intercession of DDS's, makes disability determinations for persons living outside the United States and for a few other types of cases specifically excluded from the regulatory arrangement.

Under the Social Security Administration's adjudicative procedures, a determination of disability made by a DDS is subject to review by SSA to ensure consistency of understanding and conformity with policies. After being notified of the determination, a claimant who is dissatisfied with the decision on the claim has recourse to sequential appeals process. This usually involves a reconsideration, a hearing before an administrative law judge, and a review by the Appeals Council, with a careful reevaluation of the evidence at each step. Provisions are also made for judicial review.

With the consent of the claimant, the DDS arranges to obtain reports from the claimant's physician or hospital to show the nature and extent of the impairment. These medical reports, together with all other material submitted by the claimant, are reviewed by evaluation teams (composed of a physician and a skilled disability evaluator) in the DDS's. In some cases, to obtain more details, the DDS may purchase additional medical examinations or tests. Reports of such examinations or tests when so purchased become the property of the Federal government. Examinations are normally conducted by a duly licensed physician and should include clinical and/or laboratory findings that are sufficiently comprehensive and detailed to permit the making of an independent determination as to the nature and limiting effects of the individual's physical or mental impairment or impairments for the period in question, the ability to engage in physical and mental activities, and the probable duration of such impairment. In cases involving visual impairments, the measurement of visual acuity and visual fields as reported by a duly licensed optometrist are acceptable. Except when the claim is for the establishment of a period of disability because of statutory blindness, a report of an examination should also describe the individual's capacity to perform significant functions such as the capacity to sit, stand, or move about, travel, handle objects, hear or speak, and, in cases of mental impairment, the ability to reason or to make occupational, personal or social adjustments.

The medical information collected in the course of developing the application is also used by State vocational rehabilitation agencies in considering the applicant's eligibility for vocational rehabilitation services under the Federal-State vocational rehabilitation program.

DISCLOSURE OF MEDICAL INFORMATION

Section 1106 of the Social Security Act prohibits the disclosure of information obtained in the administration of the social security program except as prescribed by regulations and makes unauthorized disclosure a crime. Social Security Administration Regulation No. 1 (in conjunction with the Privacy Act and HHS's Regulations) strictly limits the conditions under which and to whom information may be released. Under the provisions of this regulation, the Social Security Administration is authorized to disclose medical information for uses directly relating to social security programs, and to certain other government agencies for use in administering some of their programs. Where disclosure of the information is not for purposes relating to social security programs or similar programs, the consent of the individual to whom it pertains generally is required. In addition, medical information may be disclosed, with the consent of the individual, to a physician or medical institution for the medical care and treatment of the individual.

Under the provisions of Regulation No. 1, when requesting medical evidence the individual will be requested to designate a representative at the time of such request through whom the record may be disclosed. The records may be released directly to the individual where it can be determined that to do so would not have an adverse effect on the individual. If it is determined that disclosure would have an adverse effect, or if the reviewing official is unable to make such a determination because of all the circumstances involved, the medical information will not be disclosed directly to the individual. The information will be released to the representative (health professional, attorney, or other responsible individual) who, in exercising good judgment, will decide just how much of the report should be released directly to the individual. An exception to these conditions, however, is that direct disclosure of medical information may be made to the individual, upon request, in any case in which a hearing or a review by the Appeals Council has been requested. Disclosures for these excepted cases will be controlled by SSA's Office of Hearings and Appeals.

Prior to enactment of the Privacy Act, it was SSA's policy to prohibit a claimant from examining the medical records during the initial and reconsideration phases of review. However, a claimant's authorized professional representative (e.g., an attorney) was given access to the medical evidence for use in the prosecution of the client's disability claim. The terms of the Privacy Act require that a person be given greater accessibility to his/her medical information than was permitted in the past. In any event, to avoid the possibility of the claimant coming in contact with a medical report which could disrupt the doctor-patient relationship, interfere with the patient's medical management, or in some other way cause an adverse effect upon the individual, a physician submitting a report should include only the actual objective and factual history, clinical facts, and an assessment of the ways in which the impairment(s) restricts activities. Statements reflecting on the patient's moral character or reputation, or which draw conclusions as to whether the claimant is disabled within the meaning of the Social Security Act, should be avoided.

Use of an examination report prepared by a consulting physician for SSA (plus any background material furnished to the physician) is restricted by the provisions of Federal Law and Regulations (5 U.S.C. 552a, 42 U.S.C. 1306 and 20 CFR 401. et seq.). Unauthorized disclosure is strictly prohibited and subject to legal penalties. If a physician who was specifically engaged to make such examination receives a request (including a request from the individual concerned) for a copy of the examination report or any associated background material, or should the physician's personal records or testimony become subject to court order, the office which arranged for the consultative services should be notified at once.[1]

There have been rare instances where an individual has requested a copy (or original) of an x-ray film or other clinical record used as a basis for a medical report, and which was retained by the physician or laboratory where the test or study occurred. If this occurs, SSA (the State DDS) will make necessary arrangements with the source of the record for this release.

31510.075 Model Letter—Predetermination of Failure to Follow Prescribed Treatment

We are writing to you on behalf of the Social Security Administration in reference to your claim for disability insurance benefits.

A person may qualify for disability insurance benefits only if he or she is unable to perform any substantial gainful work due to a medical impairment which has lasted, or can be expected to last for a continuous period of at least 12 months. However, a person may not be considered to be disabled if he or she refuses to follow prescribed treatment that can be expected to prevent his or her condition from being disabling for at least 12 months.

The evidence now in your file indicates that you are failing without justifiable cause to undergo prescribed (tell what treatment—e.g., back surgery, eye surgery) which could be expected to restore your ability to work. For this reason we may be required, under the law, to determine that you are not under a disability. If you plan to follow the treatment prescribed, it is important that you let us know within 30 days.

If we do not hear from you within 30 days of the date of this notice, we will assume that you have decided not to follow the treatment prescribed for you. In this event, a formal determination will be made based on the evidence already in file and your claim will be denied. Such a denial may also result in the loss of future benefit rights or a decrease in the amount of benefits payable.

If you have any questions, or if you have decided to follow the treatment prescribed, please write (insert title and address of DDS) as soon as possible or call __________.

31510.080 Model Language: Extended Period of Eligibility (EPE) Continuance

"You previously received a notice that you completed 9 trial work period service months. You were told of special provisions of the law available to you if you continued to have a disabling impairment. The medical evidence in your case shows that your condition continues to be disabling within the meaning of the law. Therefore, your status as a social security beneficiary is unchanged.

You must, however, report promptly any changes which may affect your benefit or payment status. Let us know if:

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[1] That office will seek instructions from the ARC, Programs in each case. (See DI 00601.140.)

A. You start working or you are currently working and your work activity stops.

B. You previously reported your work but your duties or pay have changed.

C. Your doctor says your condition has improved.

D. You start receiving worker's compensation or the amount you currently receive changes.

E. You start to pay for work expenses related to your disability or the amount you pay for work expenses related to your disability changes.

This information will be used to decide if you still meet the requirements for continued eligibility under the special provisions of the Social Security Act.

Contact any social security office if you have a question, want more information about your claim or need to report a change. Most matters can be handled by phone."

31510.085 Model Language: EPE Cessation

"You previously received a notice that you completed 9 trial work period service months. You were told of special provisions of the law available to you if you continued to have a disabling impairment. The medical evidence in your case, however, shows that your condition is not disabling within the meaning of the law as of __________ (month/year of due process notice). This means:

A. If you are receiving cash benefits these payments will stop.

B. Any remaining eligibility to your 15 month extended period also stops.

C. If you have Medicare, this coverage ends."

31510.090 Reopening and Revision After Conviction of a Felony or Crime in the Nature of a Felony or Reversal of Felony Conviction

Model Language for Title II Due Process Notice

On behalf of the Social Security Administration, we are notifying you that it appears a determination will have to be made that you do not meet the disability requirements of the law. Therefore, the previous determination awarding benefits based on disability may have to be revised and your claim denied. You may not be entitled to benefits based on your present application. You were initially found disabled because of__________. Our records now show that this condition is based on an impairment connected with the commission of a felony after October 19, 1980, for which you have subsequently been convicted. This includes an impairment that arose during the felony. This also includes the aggravation of an impairment if the aggravation occurred during the felony. The law does not allow us to consider these impairments in determining if you are disabled. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to a crime in the nature of a felony.

(When the disability was based on a combination of impairments, an explanation must be given as to why the remaining impairment(s) does not meet the definition of disability. When the disability was based solely on the felony related impairment, this paragraph will not be needed.)

We are giving you the opportunity to present additional statements or evidence that you want to be considered before a determination is made if you feel that the previous allowance of your claim is correct and should not be changed to a denial. If you want to submit statements or evidence, please send it to us within 10 days from receipt of this notice using the enclosed envelope which requires no postage.

If you do not contact us within 10 days from receipt of this notice, a formal determination concerning your entitlement to benefits based on disability will be made. It is important that you let us know within the next 10 days if you want to submit a statement or evidence even though you need more time to submit it.

When the formal determination is made, you will be notified in writing by the Social Security Administration. If the allowance of your claim is reversed to a denial, your benefit payments will be stopped.

31510.095 Model Language for Letters to be Sent to Title XVI Applicants in Wholly or Partially Favorable Reversals

A. Letter of Title XVI Appellant Advising That We Have Revised Our Denial Determination to be Wholly Favorable and That a Hearing May Not Be Necessary

As a result of our additional review your supplemental security income claim has been allowed because it has now been determined that your disability prevents you from engaging in substantial gainful work. Therefore, it is not necessary to have your case decided at the hearing level. You will soon get a notice about the amount of your payments.

If you agree with our revised determination, you need take no further action and your hearing request will be dismissed. If you disagree with our revised determination, you may request that the Office of Hearings and Appeals proceed with your pending request for hearing. Your request should be made in writing and filed within 30 days from the mailing date of this notice. Your request may be filed with any social security office.

If you do not request that the Office of Hearings and Appeals proceed with your hearing within 30 days, but you change your mind at a later date, you may still request a new hearing. This request should be in writing and filed with any social security office within 60 days of the date you receive this notice.

NOTE: *In title II revised determinations, no notice is sent to the appellant.*

B. Letter to Title XVI Appellant Advising That We Have Revised Our Determination of Cessation and That a Hearing May Not be Necessary

As a result of our additional review, your supplemental security income payments will be reinstated because it has now been determined that your disability has not ceased. Therefore, it is not necessary to have your case decided at the hearing level since your disability (or blindness, if applicable) continues. You will soon get a notice about the amount of your payments.

If you agree with our revised determination, you need take no further action and your hearing request will be dimissed. If you disagree with our revised determination, you may request that the Office of Hearings and Appeals proceed with your pending request for hearing. Your request should be made in writing and filed within 30 days from the mailing date of this notice. Your request may be filed with any social security office.

If you do not request that the Office of Hearings and Appeals proceed with your hearing within 30 days, but you change your mind at a later date, you may still request a new hearing. This request should be in writing and filed with any social security office within 60 days of the date you receive this notice.

C. Letter to Title XVI Claimant Advising That We Have Revised Our Denial Determination to be Partially Favorable and That He/She May Request Dismissal of the Hearing Request

As a result of our additional review, your supplemental security income claim has been allowed with payments beginning at a later date than you expected. This is because we have found that your disability began __________, not at an earlier date. This is the first date the facts about your claim, including the medical evidence, show your condition first prevented you from doing substantial gainful work. You will soon receive a notice about the amount of your payments. (In a closed period case, change the wording in the first paragraph to reflect that the disability has ended. Give the beginning and ending dates of the disability.)

If you agree with this decision, please advise your social security office within 30 days and your hearing request will be dismissed. If you do agree to the dismissal of your current request for hearing, but you later change your mind, you may still request a new hearing. This request should be in writing and filed with any social security office within 60 days of the date you receive this notice.

If you do not agree, you need take no further action and the Office of Hearings and Appeals will proceed with your pending request for hearing.

31510.100 Notice of Remailing

The enclosed letter was previously mailed to you and returned by the Post Office.

If you have questions about your claim, you should get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit an office, however, please take the enclosed letter with you.

31510.105 Model Letters

Sections DI 31510.110 through DI 31510.215 display model letters for specific situations.

Benefit Continuation Model Letters

31510.110 Model Letter A—Pipeline Notice to the Title II Beneficiary Whose Disability Determination Is Being Appealed

Prepare on Form SSA-L951 U2/C2.

A Change in the Social Security law allows disability benefits to be paid until an appeal of a decision that you are no longer disabled is decided by an administrative law judge. Under this change, benefits can be paid to people whose benefits were stopped because they were found to be not disabled for medical reasons, if they are appealing the decision.

> Contact any Social Security office within 10 days if you want benefits to be paid while you appeal.

If you want to receive benefits until a decison is made on your appeal, you must make a request in writing within 10 days after receiving this notice. Payments will start from the month that your benefits ended. If you were entitled or were about to become entitled to Medicare, you may also be entitled to Medicare. If you lose your appeal, you will be asked to pay the disability benefits back, but you will have the right to ask that you not be required to pay them back. You will not be asked to pay back any Medicare benefits you receive while the appeal is being decided. If you win the appeal, any money due you will be paid. If you cannot come in within 10 days, be sure to contact us by phone. *If you wait longer than 10 days, we will not pay you any benefits while you appeal unless you have a good reason for the delay.*

The new law also changes the standards we use to decide whether a person's disability continues. Your claim must be reviewed again under these new standards by an agency of your State which helps us to decide if you are disabled. We expect our new rules to be ready in about 6 months. If you request benefits now we will pay you until that new decision is made. We will notify you when the new decision is made. You will have the right to appeal that decision if you think it is wrong and to request further continued benefits during that appeal.

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, please take this notice with you.

31510.115 Model Letter B—Pipeline Notices to Auxiliary Title II Beneficiary Whose Benefits Are Dependent on Another Beneficiary's Appeal

Prepare on Form SSA-L951 U2/C2.

This notice is about the benefits you were receiving on the claim of: (Insert the name of the person on whose claim the appeal is filed).

A change in the Social Security law allows disability benefits to be paid until an administrative law judge decides the appeal of a decision that a person is not disabled. Under this change, benefits can be paid to people whose benefits were stopped because they or the person on whose claim they received benefits were found to be not disabled for medical reasons.

The person on whose claim you were receiving benefits has filed an appeal. You can have your benefits paid while the appeal is being decided if that person also chooses to have your benefits paid.

> Contact any Social Security office within 10 days if you want benefits to be paid during appeal.

If you want to receive benefits until a decision is made on the appeal, you must make a request in writing within 10 days after receiving this notice. The person on whose claim you receive benefits must also request that you receive benefits. Payments will start from the month that your benefits ended. If the appeal is lost, you will be asked to pay the benefits back, but you will have the right to ask that you not be required to pay them back. You will not be asked to pay back any Medicare benefits you receive while the appeal is being decided. If the appeal is won, any money due you will be paid. If you cannot come in within 10 days, be sure to contact us by phone. *If you wait longer than 10 days, we will not pay you any benefits while the appeal is being decided unless you have a good reason for the delay.*

The new law also changes the standards we use to decide whether a person's disability continues. The claim must be reviewed again under these new standards by a state agency which helps us decide disability. We expect our new rules to be ready in about 6 months. If you request benefits now we will pay you until that new decision is made. We will notify you when the new decision is made. You will have the right to appeal that decision if you think it is wrong and to request continued benefits if the person on whose claim your receive benefits also makes such a request.

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you write, please refer to the social security number of the person on whose claim you were paid. If you visit an office, please take this notice with you.

31510.120 Model Letter C—Pipeline Notices to Title XVI Recipient Where Goldberg/Kelly Payments Are Not Being Paid, Because Claimant Waived G/K Payments or Did Not File a Timely Appeal

Prepare on Form SSA-L8052 U2/C2.

A change in the Social Security law allows supplemental security income disability payments to be paid until an appeal of a decision that you are no longer disabled is decided by an administrative law judge. Under this change, payments can be paid to people whose payments were stopped because they were found to be not disabled for medical reasons.

best copy available

31510.125 Model Letter F—Pipeline Notice to the Title II Beneficiary Entitled to EPE Whose Impairment Severity Determination Is Being Appealed

Prepared on Form SSA-L951 U2/C2.

A change in the Social Security law allows the extended period of eligibility to be restarted until either an appeal of a decision that you are no longer disabled is decided either by an administrative law judge or your extended period ends. Under this change the right to restart the extended period of eligibility applies to people found to be not disabled for medical reasons, if they are appealing the decision.

> Contact any Social Security office within 10 days if you want your extended period of eligibility to apply while you appeal.

If you want your extended period of eligibility to apply until either a decision is made on your appeal or your extended period ends, you must make a request in writing within 10 days after receiving this notice. We will start your extended period of eligibility again from the month it ended. If you were entitled to or were about to become entitled to Medicare, you may also be entitled to Medicare. If you lose your appeal, you will be asked to pay any disability benefits received back, but you will have the right to ask that you not be required to pay them back. You will not be asked to pay back any Medicare benefits you receive while the appeal is being decided. If you win the appeal, any money due you will be paid. If you cannot come in within 10 days, be sure to contact us by phone. *If you wait longer than 10 days, we will not apply your extended period of eligibility while you appeal unless you have a good reason for the delay.*

The new law also changes the standards we use to decide whether a person continues to have a disabling impairment. Your claim must be reviewed again under these new standards by an agency of your State which helps us to decide if you are disabled. We expect our new rules to be ready in about 6 months. If you request that your extended period of eligibility be continued, it will continue until either the new decision is made or your extended period ends. We will notify you when the new decision is made. You will have the right to appeal that decision if you think it is wrong and to request further continuation of your extended period of eligibility during that appeal.

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, please take this notice with you.

31510.130 Model Letter G—Pipeline Notice to Auxiliary of Title II Beneficiary Entitled to EPE Whose Benefits Are Dependent on Another Beneficiary's Appeal

Prepare on Form SSA-L951 U2/C2.

This notice is about the benefits you were receiving on the claim of (Insert the name of the person on whose claim the appeal is filed).

A change in the Social Security law allows disability benefits which come from having ___________'s (Insert the name of the person on whose claim the appeal is filed) extended period of eligibility restarted to be paid until either an administrative law judge decides the appeal of a decision that ______ (Insert "his" or "her") impairment is not disabling or the extended period ends. Under this change, benefits can be paid to people whose benefits were stopped because they or the person on whose claim they received benefits were found to be not disabled for medical reasons.

The person on whose claim you were receiving benefits has filed an appeal. You can have any benefits due you paid while the appeal is being decided if that person also chooses to have your benefits paid.

> Contact any Social Security office within 10 days if you want to receive any benefits which may be due from the extended period of eligibility.

If you want to receive any benefits which come from having the extended period of eligibility restarted until either a decision is made on the appeal, or the extended period ends, you must make a request in writing within 10 days after receiving this notice. The person on whose claim you receive benefits must also request that you receive benefits. If you are due payments, they will start from the month that your benefits ended. If the appeal is lost, you will be asked to pay the benefits back, but you will have the right to ask that you not be required to pay them back. You will not be asked to pay back any Medicare benefits you receive while the appeal is being decided. If the appeal is won, any money due you will be paid. If you cannot come in within 10 days, be sure to contact us by phone. *If you wait longer than 10 days, we will not pay you any benefits due while the appeal is being decided unless you have a good reason for the delay.*

The law also changes the standards we use to decide whether a person continues to have a disabling impairment. The claim must be reviewed again under these new standards by a State agency which helps us decide disability. We expect our new rules to be ready in about 6 months. If you request benefits now we will pay you any money due until either that new decision is made or the extended period of eligibility ends. We will notify you when the new decision is made. You will have the right to appeal that decision if you think it is wrong and to request continued benefits if the person on whose claim you receive benefits also makes such a request.

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you write please refer to the social security number of the person on whose claim you were paid. If you visit an office, please take this notice with you.

31510.135 Model Letter H—Pipeline Notice to Title XVI Recipient Entitled to EPE (Goldberg/Kelly Payments Not Being Paid Because Claimant Waived G/K Payments or Did Not File a Timely Appeal)

Prepare on Form SSA-L8052 U2/C2.

A change in the Social Security law allows the extended period of eligibility to be restarted until either an appeal of a decision that you are no longer disabled is decided by an administrative law judge or your extended period ends. Under this change, the extended period of eligibility can be restarted for people who were found not to have a disabling impairment.

> Contact any Social Security office within 10 days if you want your extended period of eligibility restarted while you appeal.

If you want your extended period of eligibility to restart until either a decision is made on your appeal or your extended period ends, you must make a request in writing within 10 days after receiving this notice. Your extended period of eligibility will restart no earlier than November 1984. If you lose your appeal, you will be asked to pay any disability payments back, but you will have the right to ask that you not be required to pay them back.

If you win the appeal, any money due you will be paid. If you cannot come in within 10 days, be sure to contact us by phone. *If you wait longer than 10 days, we will not restart your extended period of eligibility appeal unless you have a good reason for the delay.*

(Insert paragraph 0152 (DI 31505.001) or 1152 (CN 00804.110) when SSA determines Medicaid eligibility.)

The new law also changes the standards we use to decide whether a person's disability continues. Your claim must be reviewed again under these new standards by an agency of your State which helps us to decide if you have a disabling impairment. We expect our new rules to be ready in about 6 months. If you request that your extended period of eligibility be restarted it will continue until either that new decision is made or your extended period ends. We will notify you when the new decision is made. You will have the right to appeal that decision if you think it is wrong and to request further continuation of your extended period of eligibility during that appeal.

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you write, please refer to your social security number in your letter. If you visit an office, please take this notice with you.

31510.140 Model Letter I—Pipeline Notice to Beneficiary/Recipient Who Is Receiving Extended Period of Eligibility Continuation

Prepare Title XVI Notice on Form SSA-L8052 U2/C2 and Title II Notice on Form SSA-L951 U2/C2.

A new law changes the standards we use to decide whether a person has a disabling impairment. We expect that the new rules we will use to process cases under these new standards will be ready for use in about 6 months.

Your claim will be reviewed again by an agency of your State which helps us decide if you are disabled. Your extended period of eligibility will continue until either a new decision is made on your claim or your extended period ends. We will notify you when a new decision is made using these new rules. You will have the right to appeal that decision if you think it is wrong and request further extended period of eligibility continuation during that appeal.

(Insert paragraph 0152 (DI 31505.001) or 1152 (CN 00804.110) when SSA determines Medicaid eligibility.)

If you have any questions about this notice, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you write, please refer to your social security number in your letter. If you visit an office, please take this notice with you.

Other Model Letters

31510.155 Model Letter "J"—Initial Medical Cessation—Auxiliary in Separate Household

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

This notice pertains to the benefits you are receiving on the claim of

We have determined that
is no longer disabled under the Social Security law. As a result of this decision, the last month for which benefits may be paid on this claim is

Please get in touch with Social Security if:

You believe the decision is wrong, or

You have any questions or need more information.

Most questions can be handled by phoning or writing any Social Security office. If you visit a Social Security office, please bring this notice with you. If the decision in your case is based on incorrect information, we will be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to ask for reconsideration. If you ask for reconsideration, you can have a face-to-face hearing before a disability hearing officer.

YOU HAVE 60 DAYS TO ASK FOR A RECONSIDERATION AFTER YOU GET THIS NOTICE. IF YOU WAIT MORE THAN 60 DAYS, YOU MUST HAVE A GOOD REASON.

Contact Us Within 10 Days If You Want Your Benefits Continued

If you want benefits to continue until the reconsideration is over, you must make your request in writing within 10 days after you receive this notice. However, your benefits cannot be continued unless
also chooses to have your benefits continued. When we continue benefits, we will pay you benefits until a reconsideration decision.
If you were entitled to Medicare, your Medicare can continue until your appeal is decided.

See page 2 for important information.

Enclosure:
Rider Par. No. 1409

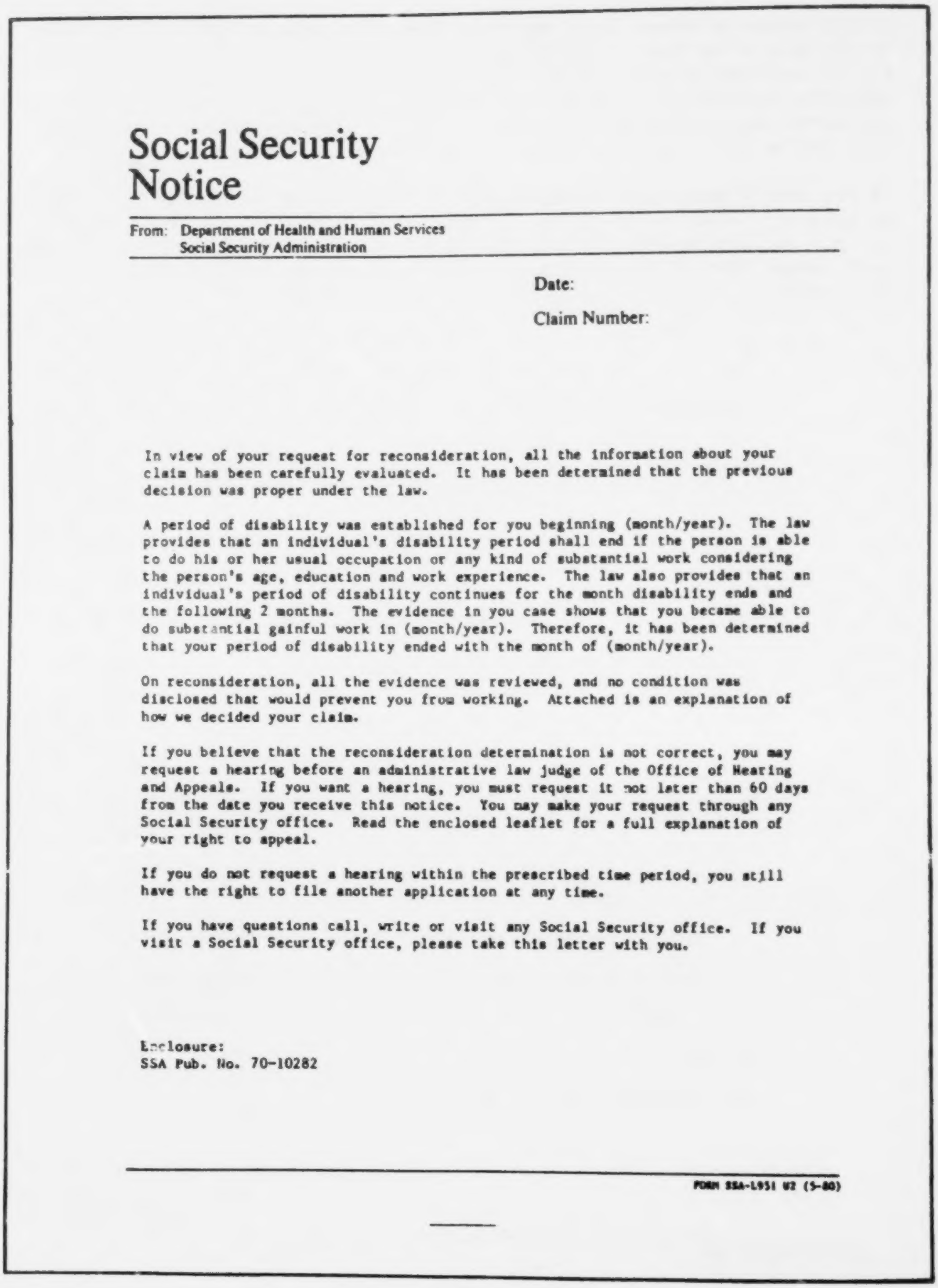
FORM SSA-L951 U2 (5-80)

Model Letter "J"—Initial Medical Cessation—Auxiliary in Separate Household—Continued

If the person on whose claim you filed loses the appeal, you will be asked to pay this money back, although you will have the right to ask that you not be required to pay it back. You will not be asked to pay back any Medicare benefits you received during the appeal. If the appeal is won, any money you are due will be paid. A Social Security office can explain your rights and responsibilities to you in greater detail.

If you cannot send us a written request within the 10 or 60-day time limits, be sure to contact us by phone. If you wait longer than 10 days, we will not pay you any benefits unless you have good reason for the delay. If you wait longer than 60 days and do not have good reason for the delay, we will not conduct a reconsideration review of our decision.

31510.160 Model Letter "K"—DWB



Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

A period of disability was established for you beginning (month/year). The law provides that an individual's disability period shall end if the person is able to do his or her usual occupation or any kind of substantial work considering the person's age, education and work experience. The law also provides that an individual's period of disability continues for the month disability ends and the following 2 months. The evidence in you case shows that you became able to do substantial gainful work in (month/year). Therefore, it has been determined that your period of disability ended with the month of (month/year).

On reconsideration, all the evidence was reviewed, and no condition was disclosed that would prevent you from working. Attached is an explanation of how we decided your claim.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearing and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

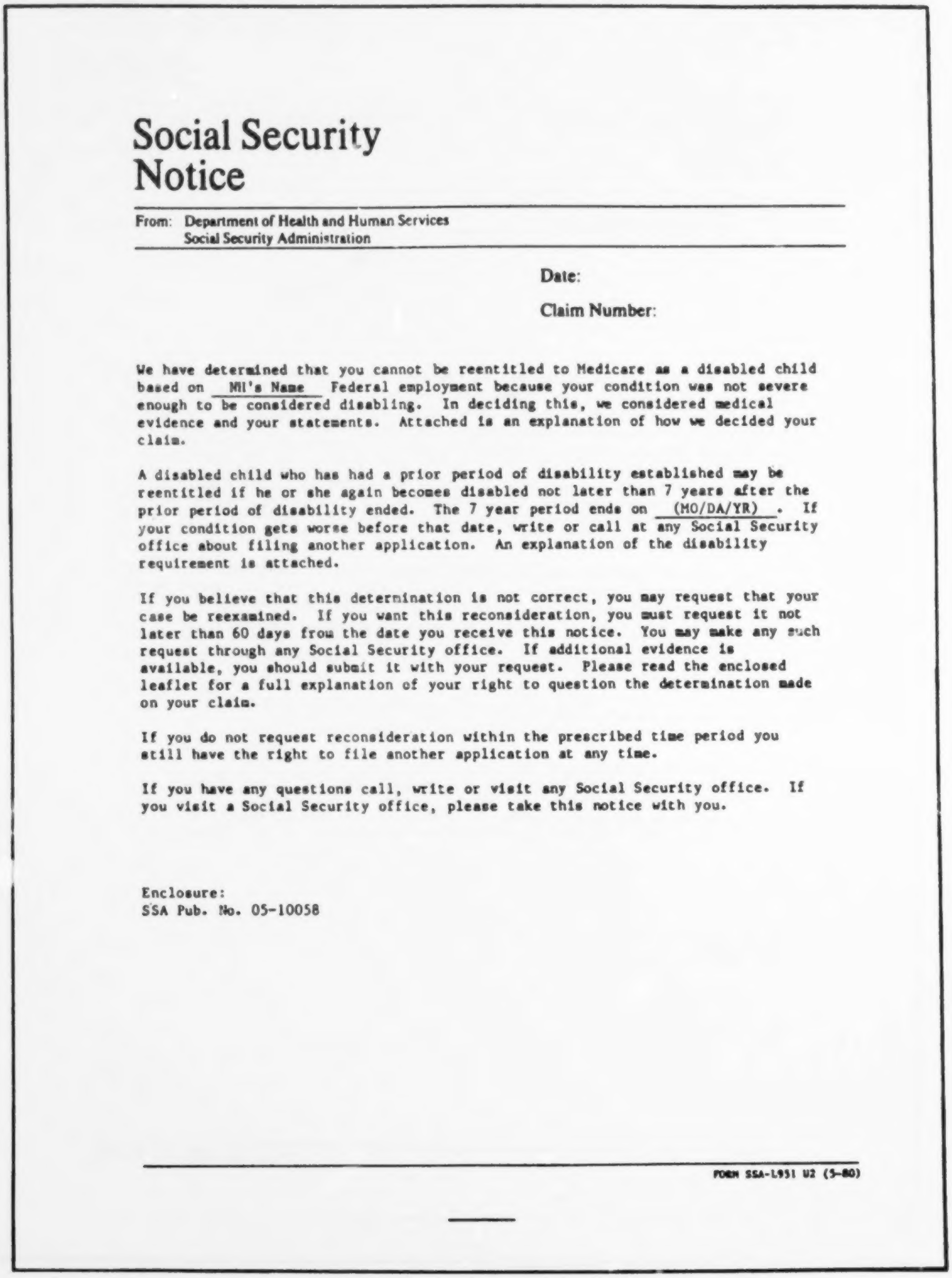
If you do not request a hearing within the prescribed time period, you still have the right to file another application at any time.

If you have questions call, write or visit any Social Security office. If you visit a Social Security office, please take this letter with you.

Enclosure:
SSA Pub. No. 70-10282

FORM SSA-L951 U2 (5-80)

31510.165 Model Letter "Q"—Medicare Coverage Only



Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

We have determined that you cannot be reentitled to Medicare as a disabled child based on __NH's Name__ Federal employment because your condition was not severe enough to be considered disabling. In deciding this, we considered medical evidence and your statements. Attached is an explanation of how we decided your claim.

A disabled child who has had a prior period of disability established may be reentitled if he or she again becomes disabled not later than 7 years after the prior period of disability ended. The 7 year period ends on __(MO/DA/YR)__. If your condition gets worse before that date, write or call at any Social Security office about filing another application. An explanation of the disability requirement is attached.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make any such request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

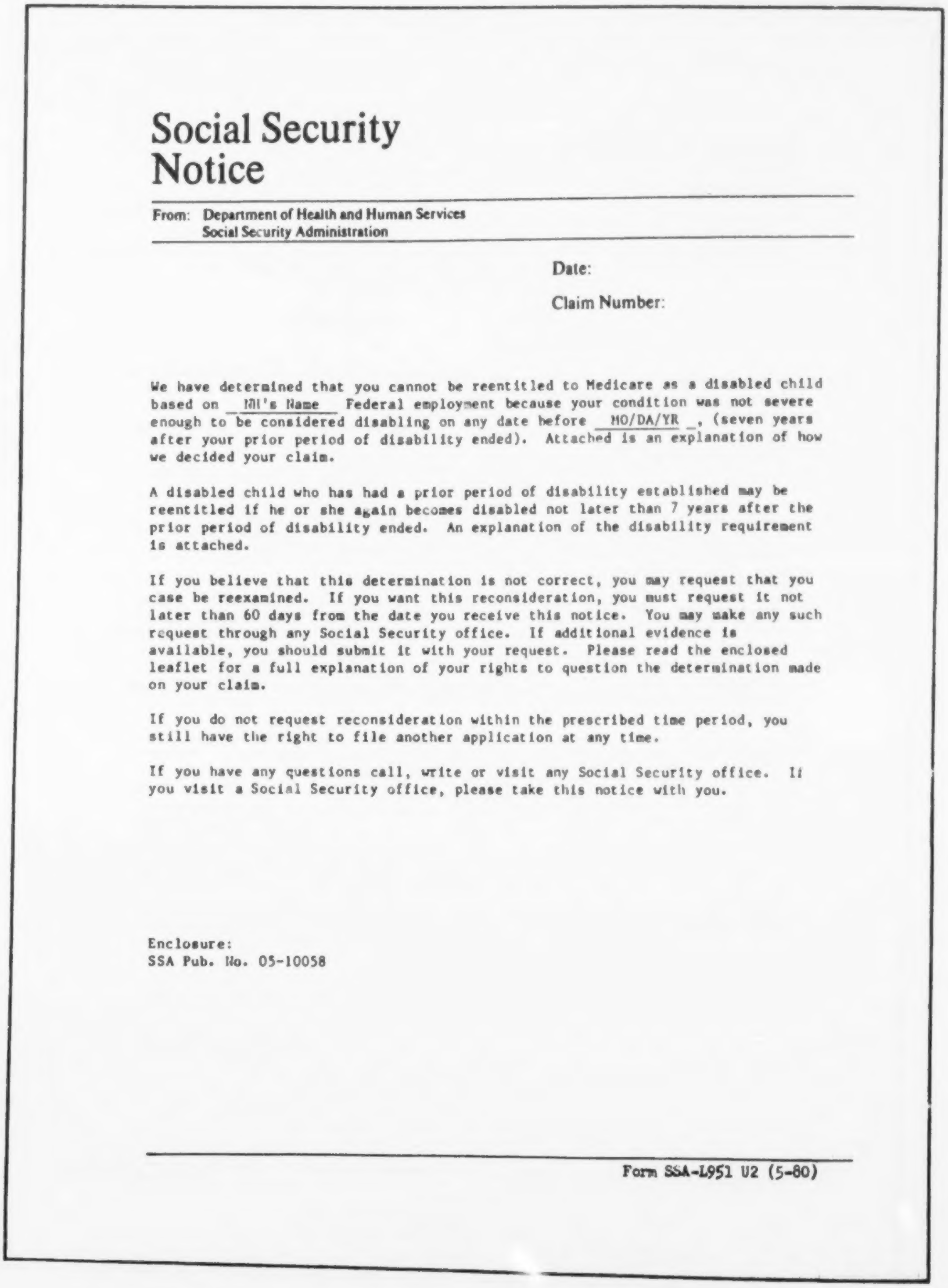
If you do not request reconsideration within the prescribed time period you still have the right to file another application at any time.

If you have any questions call, write or visit any Social Security office. If you visit a Social Security office, please take this notice with you.

Enclosure:
SSA Pub. No. 05-10058

FORM SSA-L951 U2 (5-80)

31510.170 Model Letter "R"—Medicare Coverage Only



Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

We have determined that you cannot be reentitled to Medicare as a disabled child based on NH's Name Federal employment because your condition was not severe enough to be considered disabling on any date before MO/DA/YR , (seven years after your prior period of disability ended). Attached is an explanation of how we decided your claim.

A disabled child who has had a prior period of disability established may be reentitled if he or she again becomes disabled not later than 7 years after the prior period of disability ended. An explanation of the disability requirement is attached.

If you believe that this determination is not correct, you may request that you case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make any such request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your rights to question the determination made on your claim.

If you do not request reconsideration within the prescribed time period, you still have the right to file another application at any time.

If you have any questions call, write or visit any Social Security office. If you visit a Social Security office, please take this notice with you.

Enclosure:
SSA Pub. No. 05-10058

Form SSA-L951 U2 (5-80)

31510.175 Model Letter "S"—Prisoner

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

You are not entitled to disability benefits because you do not meet the disability requirements of the law. In determining if a person is disabled, we cannot consider any impairment connected with the commission of a felony after October 19, 1980, for which the person has been convicted. This includes an impairment that arose during the felony. This also includes the aggravation of an impairment if the aggravation occurred during the felony. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to a crime which can be punished by death or by imprisonment for more than one year.

Our records show that your condition was connected with this type of felony or crime. Our records also show that you have no other impairment which prevents you from doing substantial gainful work. If you become unable to work because of an impairment that is not connected with this type of offense, contact any Social Security office. You can apply for disability benefits again.

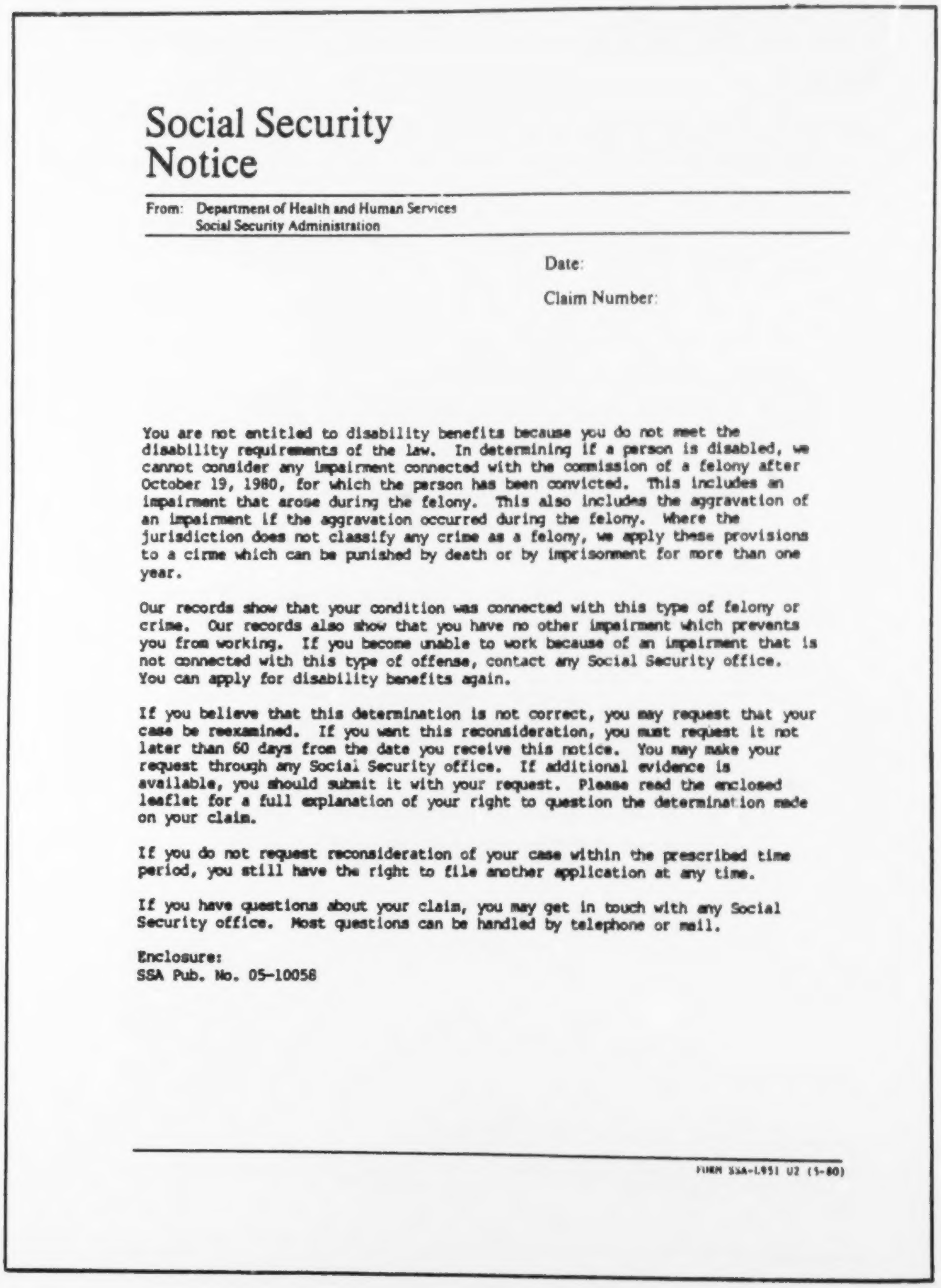
If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you do not request reconsideration of your case within the prescribed time period, you still have the right to file another application at any time.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail.

FORM SSA-L951 U2 (5-80)

31510.180 Model Letter “T”—Prisoner



Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

You are not entitled to disability benefits because you do not meet the disability requirements of the law. In determining if a person is disabled, we cannot consider any impairment connected with the commission of a felony after October 19, 1980, for which the person has been convicted. This includes an impairment that arose during the felony. This also includes the aggravation of an impairment if the aggravation occurred during the felony. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to a cirme which can be punished by death or by imprisonment for more than one year.

Our records show that your condition was connected with this type of felony or crime. Our records also show that you have no other impairment which prevents you from working. If you become unable to work because of an impairment that is not connected with this type of offense, contact any Social Security office. You can apply for disability benefits again.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

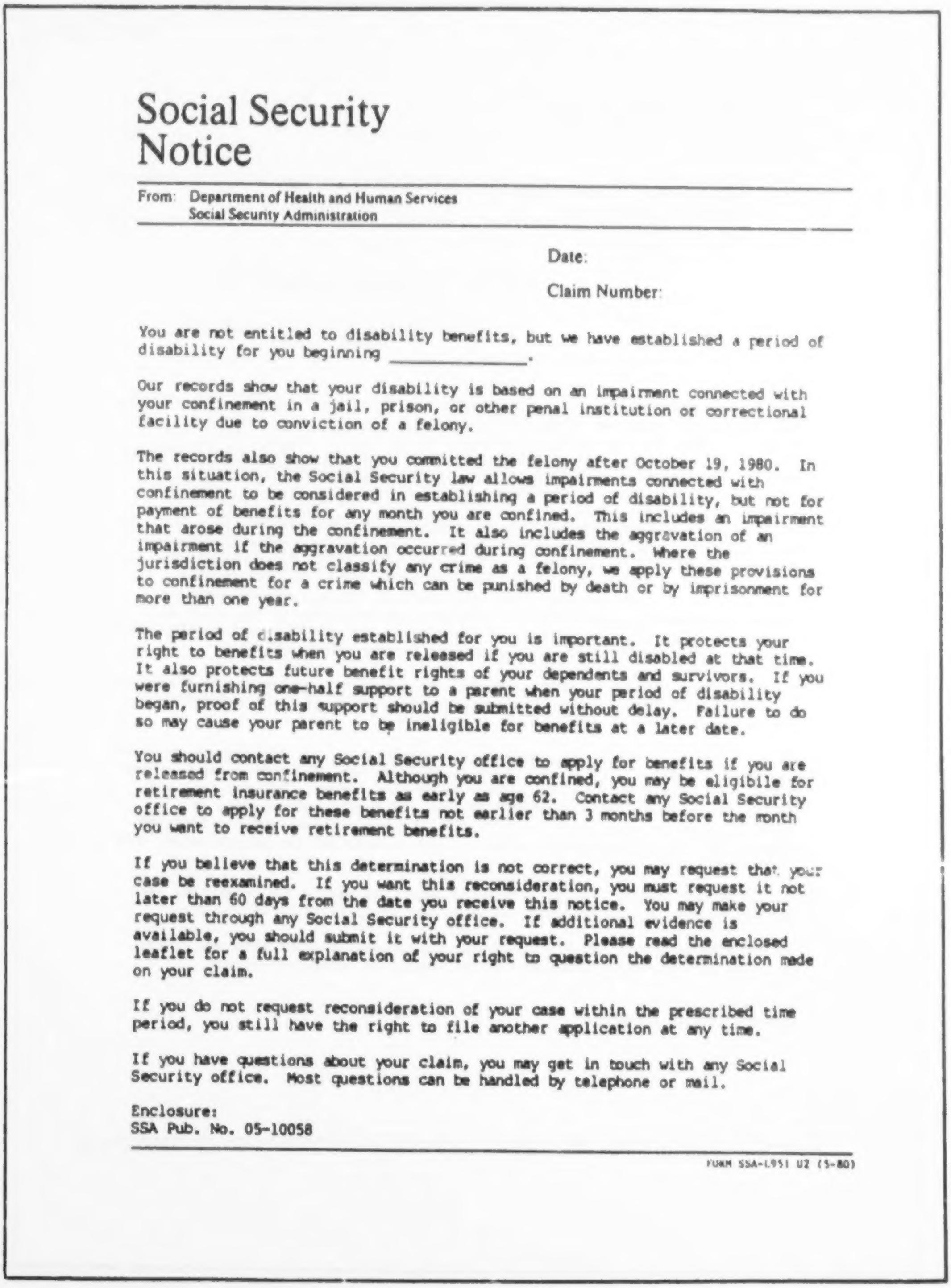
If you do not request reconsideration of your case within the prescribed time period, you still have the right to file another application at any time.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail.

Enclosure:
SSA Pub. No. 05-10058

FORM SSA-L951 U2 (5-80)

31510.185 Model Letter "U"—Prisoner



Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

You are not entitled to disability benefits, but we have established a period of disability for you beginning ______________.

Our records show that your disability is based on an impairment connected with your confinement in a jail, prison, or other penal institution or correctional facility due to conviction of a felony.

The records also show that you committed the felony after October 19, 1980. In this situation, the Social Security law allows impairments connected with confinement to be considered in establishing a period of disability, but not for payment of benefits for any month you are confined. This includes an impairment that arose during the confinement. It also includes the aggravation of an impairment if the aggravation occurred during confinement. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to confinement for a crime which can be punished by death or by imprisonment for more than one year.

The period of disability established for you is important. It protects your right to benefits when you are released if you are still disabled at that time. It also protects future benefit rights of your dependents and survivors. If you were furnishing one-half support to a parent when your period of disability began, proof of this support should be submitted without delay. Failure to do so may cause your parent to be ineligible for benefits at a later date.

You should contact any Social Security office to apply for benefits if you are released from confinement. Although you are confined, you may be eligibile for retirement insurance benefits as early as age 62. Contact any Social Security office to apply for these benefits not earlier than 3 months before the month you want to receive retirement benefits.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you do not request reconsideration of your case within the prescribed time period, you still have the right to file another application at any time.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail.

Enclosure:
SSA Pub. No. 05-10058

FORM SSA-L951 U2 (5-80)

31510.190 Model Letter "V"—Prisoner

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

You are not entitled to __________ benefits at this time because you do not meet the disability requirements of the law.

Our records show that your disability claim is based on an impairment connected with your confinement in a jail, prison, or other penal institution or correctional facility due to conviction of a felony.

The records also show that you committed the felony after October 19, 1980. In this situation, the Social Security law does not allow impairments connected with confinement to be considered for payment of benefits for any month you are confined. This includes an impairment that arose during the confinement. It also includes the aggravation of an impairment if the aggravation occurred during confinement. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to confinement for conviction of a crime which can be punished by death or by imprisonment for more than one year.

You may be entitled to benefits when you are released if you meet the disability requirements of the law. You should get in touch with any Social Security office about filing an application at that time.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

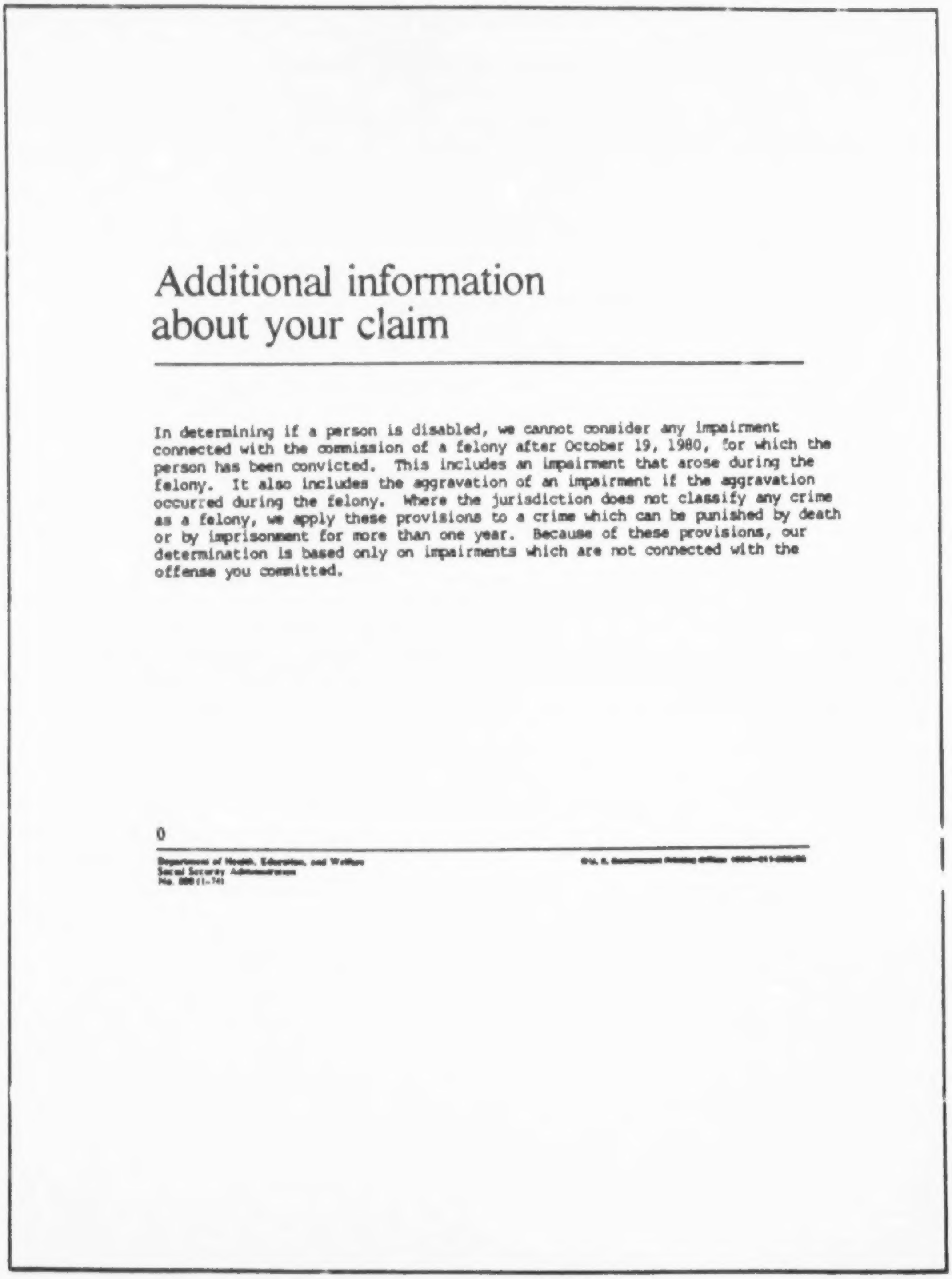
If you do not request reconsideration of your case within the prescribed time period, you still have the right to file another application at any time.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail.

Enclosure:
SSA Pub. No. 05-10058

FORM SSA-L951 U2 (5-80)

31510.195 Model Rider "W"—Prisoner



Additional information about your claim

In determining if a person is disabled, we cannot consider any impairment connected with the commission of a felony after October 19, 1980, for which the person has been convicted. This includes an impairment that arose during the felony. It also includes the aggravation of an impairment if the aggravation occurred during the felony. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to a crime which can be punished by death or by imprisonment for more than one year. Because of these provisions, our determination is based only on impairments which are not connected with the offense you committed.

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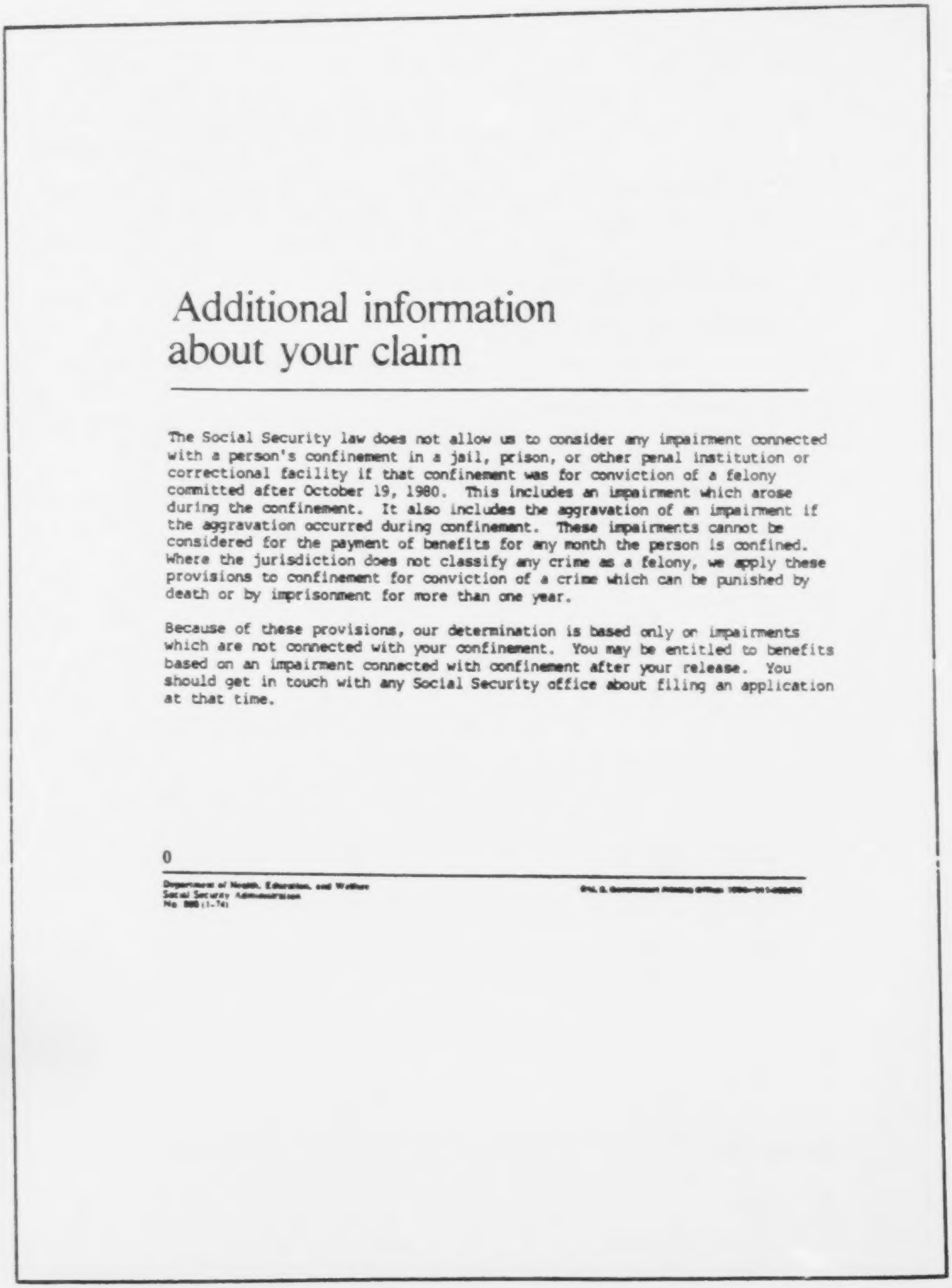
Department of Health, Education, and Welfare
Social Security Administration
No. [illegible] (1-74)

U.S. Government Printing Office: [illegible]

31510.200 Model Rider "X"—Prisoner



Additional information about your claim

The Social Security law does not allow us to consider any impairment connected with a person's confinement in a jail, prison, or other penal institution or correctional facility if that confinement was for conviction of a felony committed after October 19, 1980. This includes an impairment which arose during the confinement. It also includes the aggravation of an impairment if the aggravation occurred during confinement. These impairments cannot be considered for the payment of benefits for any month the person is confined. Where the jurisdiction does not classify any crime as a felony, we apply these provisions to confinement for conviction of a crime which can be punished by death or by imprisonment for more than one year.

Because of these provisions, our determination is based only on impairments which are not connected with your confinement. You may be entitled to benefits based on an impairment connected with confinement after your release. You should get in touch with any Social Security office about filing an application at that time.

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Department of Health, Education, and Welfare
Social Security Administration
No. [illegible] (1-74)

U.S. Government Printing Office: [illegible]

BASIC
SSA Pub. No. 68-0431500
January 1986

Audience: DO/BO/TSC--OS, RR;
PSC--CRTA, DE, DEC, DTE, IES,
RECONE; ODO--CT, CTTA, DE, DEC, DS,
LSC, RECONE; INTPSC--CC, CIES, ERE,
FCR, FDE, RECONE; DDS--ADJ, DHU

Originating Office: SJH-92

PROGRAM OPERATIONS MANUAL SYSTEM
Part 04 - Disability Insurance
Chapter 315 - Correspondence
Subchapter 15 - Forms, Form Letters, Form Paragraphs and Riders

New Material	No. of Pages
Conversion Chart	1
Table of Contents (DI 31515.001 - DI 31515.575)	1
DI 31515.100 - DI 31515.575	60

Background

Part 04 (Disability Insurance) of the Program Operations Manual System (POMS) has been reorganized into three user-component segments following a work or case flow sequence. These segments are: district office (DO) procedures; disability determination services (DDS) procedures; and processing center (PC) procedures.

This transmittal contains material for the DDS procedures segment. The material does not change existing policy and procedures (unless specifically noted in the "Explanation of Manual Changes"). However, it may clarify or simplify certain existing instructions. In addition, references to the Social Security Act and Code of Federal Regulations have been added where appropriate.

Explanation of Manual Changes

This subchapter contains all SSA forms, form letters and form paragraphs used in notice preparation. The numbering format for this subchapter has been slightly modified in order to allow for a broader future expansion.

Chapter 315—Correspondence

Subchapter 15—Forms, Form Letters, Form Paragraphs and Riders

Old POMS Disability Insurance (DI) Reference	New POMS Reference
T01005.038	DI 31515.575
T01005.041	DI 31515.565
T01005.046	DI 31515.570
A01006.100	DI 31515.105
01007.400	DI 31515.280
01007.410	DI 31515.225
01007.422	DI 31515.230
01007.432	DI 31515.235
01007.437	DI 31515.215
01007.438	DI 31515.101
01007.440	DI 31515.240
01007.442	DI 31515.245
01007.444	DI 31515.250
01007.446	DI 31515.255
01007.450	DI 31515.270
01007.452	DI 31515.220
01007.454	DI 31515.110
01007.456	DI 31515.115
01007.458	DI 31515.120
01007.461	DI 31515.555
01007.462	DI 31515.560
01007.463	DI 31515.201
01007.464	DI 31515.205
01007.502	DI 31515.265
01007.528	DI 31515.275
01007.530	DI 31515.285
01007.532	DI 31515.290
01007.534	DI 31515.295
01007.536	DI 31515.300
01007.538	DI 31515.305
01007.540	DI 31515.260
01007.542	DI 31515.501
01007.544	DI 31515.505
01007.546	DI 31515.510
01007.548	DI 31515.515
01007.550	DI 31515.520
01007.552	DI 31515.525
01007.554	DI 31515.530
01007.556	DI 31515.535
01007.558	DI 31515.540
01007.560	DI 31515.545
01007.562	DI 31515.550
01007.563	DI 31515.210

New Material

DI 31515.001
DI 31515.100
DI 31515.200
DI 31515.500

31515.000 Forms, Form Letters, Form Paragraphs and Riders

Section

Introduction 31515.001

Forms

SSA Forms 31515.100
SSA-865 .... 31515.101
SSA-4268-U4/C4 .... 31515.105
SSA-4398 .... 31515.110
SSA-4399 .... 31515.115
SSA-4460 .... 31515.120

Form Letters

SSA Form Letters 31515.200
SSA-L270-U2 .... 31515.201
SSA-L443-U2 .... 31515.205
SSA-L444-U2 .... 31515.210
SSA-L445-U2 .... 31515.215
Para. No. 800-U2 ("O" Rider) 31515.220
SSA-L806.8-U2 .... 31515.225
SSA-L808.8-U2 .... 31515.230
SSA-L829-U2 .... 31515.235
SSA-L928-U2 .... 31515.240
SSA-L951-U2 .... 31515.245
SSA-L976-U2 .... 31515.250
SSA-L1013 .... 31515.255
SSA-L1014 .... 31515.260
SSA-L1130-U2 .... 31515.265
SSA-L1157-U2-DI 31515.270
SSA-L1157-U2-SI 31515.275
SSA-L4967-U2 .... 31515.280
SSA-L8030-U2 .... 31515.285
SSA-L8052-C2 .... 31515.290
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Form Paragraphs

SSA Form Paragraphs 31515.500
Paragraph No. 1-U2 .... 31515.501
Paragraph No. 2-U2 .... 31515.505
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Paragraph No. 8-U2 .... 31515.535
Paragraph No. 9-U2 .... 31515.540
Paragraph No. 10-U2 .... 31515.545
Paragraph No. 11-U2 .... 31515.550
Paragraph No. 266 .... 31515.555
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Rider Paragraph No. 701 .... 31515.565
Rider Paragraph No. 1409 .... 31515.570
Rider Paragraph No. 1413 .... 31515.575

Forms, Form Letters, Form Paragraphs and Riders

31515.001 Introduction

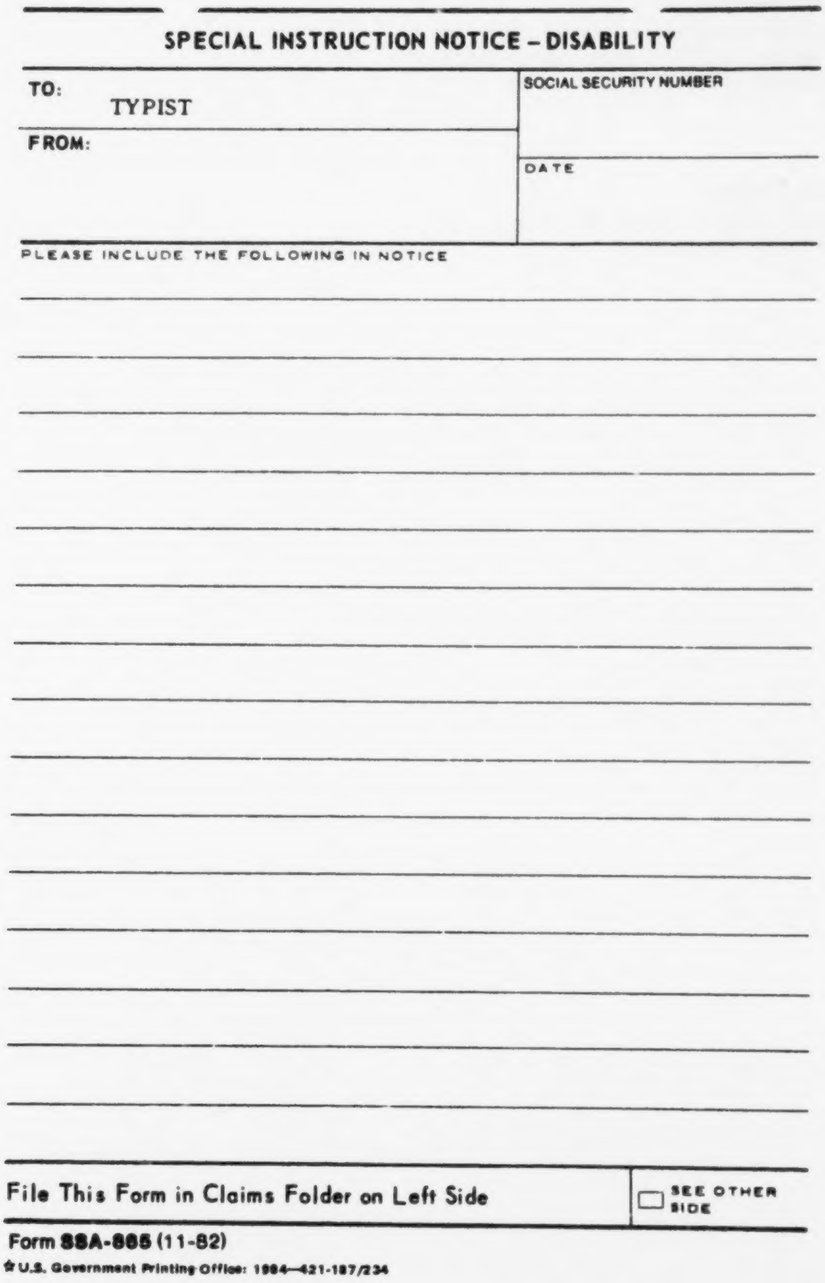
This subchapter is a listing, in numerical order, of SSA forms, form letters and form paragraphs, which are related to notification-of-decision procedures.

Forms

31515.100 SSA Forms

Sections DI 31515.101-DI 31515.120 contain the SSA forms used in notice preparation.

31515.101 SSA-865



SPECIAL INSTRUCTION NOTICE – DISABILITY

TO: TYPIST

SOCIAL SECURITY NUMBER

FROM:

DATE

PLEASE INCLUDE THE FOLLOWING IN NOTICE

File This Form in Claims Folder on Left Side

☐ SEE OTHER SIDE

Form SSA-865 (11-82)

☆U.S. Government Printing Office: 1984—421-187/234

31515.105 SSA-4268-U4/C4

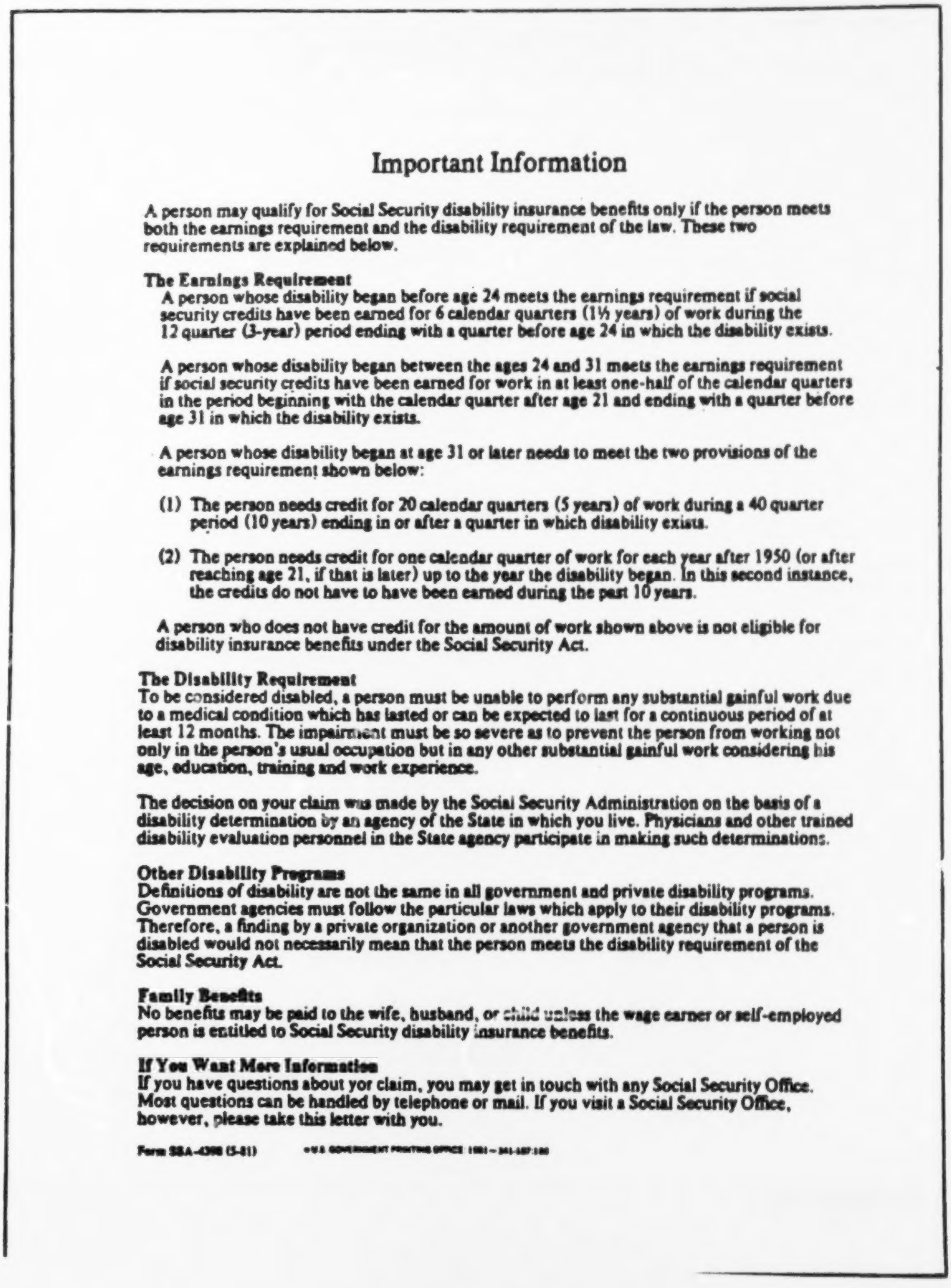
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (If CDB or DWB Claim)	SSN	Type of Claim

Form SSA-4268-C4 (1-85)

31515.110 SSA-4398



Important Information

A person may qualify for Social Security disability insurance benefits only if the person meets both the earnings requirement and the disability requirement of the law. These two requirements are explained below.

The Earnings Requirement

A person whose disability began before age 24 meets the earnings requirement if social security credits have been earned for 6 calendar quarters (1½ years) of work during the 12 quarter (3-year) period ending with a quarter before age 24 in which the disability exists.

A person whose disability began between the ages 24 and 31 meets the earnings requirement if social security credits have been earned for work in at least one-half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which the disability exists.

A person whose disability began at age 31 or later needs to meet the two provisions of the earnings requirement shown below:

(1) The person needs credit for 20 calendar quarters (5 years) of work during a 40 quarter period (10 years) ending in or after a quarter in which disability exists.

(2) The person needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year the disability began. In this second instance, the credits do not have to have been earned during the past 10 years.

A person who does not have credit for the amount of work shown above is not eligible for disability insurance benefits under the Social Security Act.

The Disability Requirement

To be considered disabled, a person must be unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. The impairment must be so severe as to prevent the person from working not only in the person's usual occupation but in any other substantial gainful work considering his age, education, training and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Other Disability Programs

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

Family Benefits

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to Social Security disability insurance benefits.

If You Want More Information

If you have questions about yor claim, you may get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit a Social Security Office, however, please take this letter with you.

Form SSA-4398 (5-81)

*U.S. GOVERNMENT PRINTING OFFICE: 1981 – 341-187:180

31515.115 SSA-4399

Important Information

Summarized below are legal requirements for the various types of disability claims:

Disability Insurance Claim
To be considered disabled, a person must be unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. The impairment must be so severe as to prevent the person from working not only in the person's usual occupation but in any other substantial gainful work considering age, education, training, and work experience. This condition must be disabling at a time when the person meets the earnings requirement of the law.

Disabled Widow (Widower) Claim
A widow, widower, or surviving divorced wife (age 50-60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lated or be expected to last for a continuous period of at least 12 months.

Childhood Disability Claim
Childhood disability insurance benefits may be paid to a person age 18 or older if the person has a disability which began before age 22. The impairment, whether physical or mental, must be so severe that it prevents the person from engaging in any substantial gainful work, considering age, education and previous training. In addition, the condition must have lasted or be expected to last for a continuous period of at least 12 months.

Form SSA-4399 (5-81)

☆U.S. GOVERNMENT PRINTING OFFICE: 1981 — 341-187:167

31515.120 SSA-4460

Important Information

Under the Social Security Act, widows, widowers, or surviving divorced wives between ages 50 and 60 may qualify for disability benefits only if they meet the disability requirement of the law within a specified 7-year period.

The Disability Requirement
A widow, widower or surviving divorced wife may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Further information about the medical conditions that are qualifying for benefits may be obtained from any social security office.

The Specified 7-Year Period
The person's disability (as defined above) must start:

- ▶ not later than 7 years after the death of the wife or husband, **or**
- ▶ for a widow or surviving divorced wife, formerly entitled to mother's benefits, not later than 7 years after those benefits ended, **or**
- ▶ for a person previously entitled to disabled widow's or widower's benefits who becomes disabled again, not later than 7 years after the prior entitlement ended.

A physical or mental impairment which may have become disabling after the later of these dates cannot qualify a person for disabled widow's or widower's benefits.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

Form SSA-4460 (5-81)

Form Letters

31515.200 SSA Form Letters

Sections DI 31515.201-DI 31515.305 contain the SSA form letters used in notice preparation.

31515.201 SSA-L270-U2

A. Front

Social Security Disability Information

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

We recently reviewed the evidence in your claim for Medicare coverage based on Federal employment and found that your disability is continuing. Any special situation involving your claim is indicated by the block (s) checked below.

1 ☐ We have scheduled a medical review for . At that time, you will be contacted if there is any question as to whether your condition meets the severity provision in the law.

2 ☐ You have worked in at least months of the trial work period, but you were unable to continue working.

3 ☐ We have scheduled your claim for review in since it appears your 9th month of trial work will end at that time according to information reported to us.

4 ☐ Although you have completed your 9-month trial work period, we find the work you have been doing does not show the ability to do substantial gainful work. (See the trial work period information on the reverse side of this letter.)

5 ☐ Although you are now working (or have recently worked and stopped) we find the work you have been doing does not show the ability to do substantial gainful work. (The trial work period information on the reverse side of this letter is not applicable to your claim.)

6 ☒ Your claim will be reviewed from time to time to see if you are still eligible for Medicare coverage based on disability or blindness. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

If you are receiving Supplemental Security Income payments, any decision about that claim will be sent to you in a separate notice.

See other side for important information ▶

Form SSA-L270-U2 (11-82)

B. Reverse

Explanation of Trial Work Period

Social Security provides a trial work period so you can test your ability to work for up to 9 months, while still disabled. The 9 months may be continuous or separated by periods when you do not work at all. In general, any month you earn over $75 in wages or are active in self-employment counts as a trial work month.

At the end of the 9 months, a decision is made as to whether your work is substantial and gainful. If you stop working again or if your earnings are significantly lower *within 15 months* after the 9-month trial work period, you should notify any Social Security office.

Your entitlement to Medicare coverage based on disability can end at *any* time if your medical condition does not keep you from working. This is true even if you have not completed the trial work period.

Promptly Report Events Which May Affect Your Benefits

You must promptly report any changes which may affect your Medicare entitlement.

Let us know if:

- You returned to work since your last report or will return to work later (no matter how little you earn); or
- You previously reported your work but your duties or pay have changed; or
- Your doctor says your condition has improved (even if you do not have a job now); or
- Your work expenses change or you no longer pay for such expenses.

This information will be used to decide if you are still disabled under the law.

Contact any Social Security office if you have a question, want more information about your claim, or need to report a change. Most matters can be handled by phone.

Vocational Rehabilitation

Your State Vocational Rehabilitation agency helps disabled people prepare for and find work. You may wish to contact that agency to learn about possible services that may be available to you.

Form SSA-L270-U2 (11-82)

31515.205 SSA-L443-U2

A. Front

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

☐ Disability Insurance Benefits
☐ Disabled Widow/Widower Benefits
☐ Childhood Disability Benefits

We have determined that you are not entitled to disability benefits based on the claim that you filed. The attached page explains why we decided that you are not disabled. However, you may appeal this determination if you still think you are disabled.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations. The law is explained on the back of this page.

In addition, you are not entitled to any other benefits based on this application. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

YOUR RIGHT TO APPEAL

If you think we are wrong, you can ask that the determination be looked at by a different person. This is called a reconsideration. IF YOU WANT A RECONSIDERATION, YOU MUST ASK FOR IT WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. IF YOU WAIT MORE THAN 60 DAYS, YOU MUST GIVE US A GOOD REASON FOR THE DELAY. Your request must be made in writing through any Social Security office. Be sure to tell us your name, Social Security number and why you think we are wrong. If you cannot write to us, call a Social Security office or come in and someone will help you. You can give us more facts to add to your file. However, if you do not have the evidence yet, you should not wait for it before asking for a reconsideration. You may send the evidence in later. We will then decide your case again. You will not meet with the person who will decide your case. Please read the enclosed leaflet for a full explanation of your right to appeal.

If you do not request reconsideration within the 60-day time limit, you still have the right to file another application at any time. A new application is not the same as an appeal of this determination.

Enclosure:
SSA Publication No. 05-10058

Important: See other side for additional information.▶

Form SSA-L443-U2 (5-84)

B. Reverse

If you have any questions, call, write, or visit, any Social Security office. Most questions can be handled by telephone or mail. If you visit a Social Security office, please take this notice with you.

REQUIREMENTS FOR DISABILITY BENEFITS

Disability Insurance Benefits
To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

The condition must be disabling at a time when the person meets the earnings requirement. If you were not disabled when the earnings requirement was met, we have enclosed a leaflet which explains the earnings requirement and tells how Social Security credits are earned.

Disabled Widow or Widower Benefits
To be considered disabled, a widow, widower or surviving divorced spouse (age 50 to 60) must have a physical or mental condition severe enough to keep a person from working. The condition must have lasted or be expected to last for at least 12 months in a row.

The person's disability must start:

- not later than 7 years after the month of death of the wife or husband, or;
- for a widow, widower or surviving divorced spouse formerly entitled to mother's or father's benefits not later than 7 years after the month those benefits ended, or;
- for a widow/widower or surviving divorced spouse who was previously disabled and who becomes disabled again, not later than 7 years after the prior period of disability ended.

Childhood Disability Benefits
Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's age, education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

OTHER IMPORTANT INFORMATION

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the laws that apply to their own disability programs. A finding by a private organization or other government agency that a person is disabled does not necessarily mean that the person meets the disability requirements of the Social Security Act.

No benefits may be paid to a wife, husband or child unless the wage earner or self-employed person is entitled to Social Security disability insurance benefits.

Form SSA-L443-U2 (5-84)

31515.210 SSA-L444-U2

A. Front

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

We have determined that you cannot get supplemental security income payments based on the claim that you filed. The attached page explains why we decided that you are not disabled or blind. However, you may appeal this determination if you still think you are disabled or blind.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations. The law is explained on the back of this page.

YOUR RIGHT TO APPEAL

If you think we are wrong, you can ask that the determination be looked at by a different person. This is called a reconsideration. IF YOU WANT A RECONSIDERATION, YOU MUST ASK FOR IT WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. IF YOU WAIT MORE THAN 60 DAYS, YOU MUST GIVE US A GOOD REASON FOR THE DELAY. Your request must be made in writing through any Social Security office. Be sure to tell us your name, Social Security number and why you think we are wrong. If you cannot write to us, call a Social Security office or come in and someone will help you. You can give us more facts to add to your file. However, if you do not have the evidence yet, you should not wait for it before asking for a reconsideration. You may send the evidence in later. We will then decide your case again. You will not meet with the person who will decide your case. Please read the enclosed leaflet for a full explanation of your right to appeal.

There are groups that can help with your appeal. Some of these groups may be able to give you the name of a lawyer who will help you for free. Contact any Social Security office if you want the names of these groups.

If at any time in the future you think you qualify for payment, please contact us right away about filing a new application. This is important to you because we cannot pay you for any day before the day in which you file an application or the day you meet all the requirements, whichever is later.

This determination refers only to your claim for supplemental security income payments. You will be notified separately if you also filed a claim for Social Security benefits.

Enclosure:
SSA Publication No. 05-11008

Important: See other side for additional information.▶

Form SSA-L444-U2 (5-84)

B. Reverse

If you have any questions, call, write, or visit, any Social Security office. Most questions can be handled by telephone or mail. If you visit a Social Security office, please take this notice with you.

DISABILITY AND BLINDNESS REQUIREMENTS

To get Supplemental Security Income payments:

You must be unable to work due to a medical condition which has lasted or will last for at least 12 months in a row. The condition must be severe enough to keep you from working not only at your usual job but in any other substantial gainful work. We look at your age, education, training and work experience when we decide whether you can work. Children under age 18 must be found disabled based only on a severe physical or mental condition.

or

Your eyesight must be no better than 20/200 in the better eye with the use of a correcting lens or your visual fields must be restricted to 20 degrees or less.

OTHER IMPORTANT INFORMATION

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the laws which apply to their own disability programs. A finding by a private organization or another government agency that a person is disabled does not necessarily mean that the person meets the disability requirements of the Social Security Act.

Form SSA-L444-U2 (5-84)

31515.215 SSA-L445-U2

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

Number Holder:

The person shown above has filed an application for Social Security disability benefits. You are listed as that person's spouse (or former spouse).

We cannot pay benefits to you now on that claim because the person shown above is not entitled to disability benefits. The law does not permit a wife's or husband's benefit to be paid on the Social Security earnings record of a person who is not entitled to retirement or disability insurance benefits. If that person later becomes entitled, you may file an application at that time.

If you have questions about this notice, you should get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Form SSA-L445-U2 (7-83)
Destroy prior editions

31515.220 Para. No. 800-U2 ("O" Rider)

Additional information about your claim

Department of Health and Human Services
Social Security Administration

Par. No. 800-U2 (4-81)
Replaces Par. No. 800 which may be used until supply is exhausted

31515.225 SSA-L806.8-U2

A. Front

Social Security Notice of Disapproved Claim

From: **Department of Health and Human Services**
Social Security Administration

Date:

Claim Number:

Enclosure:
SSA Publication No. 05-10058

Important: See other side for additional information

Form **SSA-L806.8-U2** (4-81)
Replaces Form SSA-L806 8 which may be used until suuply is exhausted

B. Reverse

Important Information

Under the Social Security Act, widows, widowers, or surviving divorced wives between ages 50 and 60 may qualify for disability benefits only if they meet the disability requirement of the law within a specified 7-year period.

The Disability Requirement
A widow, widower or surviving divorced wife may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Further informatin about the medical conditions that are qualifying for benefits may be obtained from any social security office.

The Specified 7-year Period
The person's disability (as defined above) must start:

- ▶ not later than 7 years after the death of the wife or husband, or
- ▶ for a widow or surviving divorced wife, formerly entitled to mother's benefits, not later than 7 years after those benefits ended, or
- ▶ for a person previously entitled to disabled widow's or widower's benefits who becomes disabled again, not later than 7 years after the prior entitlement ended.

  A physical or mental impairment which may have become disabling after the later of these dates cannot qualify a person for disabled widow's or widower's benefits.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

31515.230 SSA-L808.8-U2

A. Front

Social Security Notice of Disapproved Claim

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

Important: See other side for additional information. ▶

Form SSA-L808.8-U2 (5-81)
Prior editions may be used

B. Reverse

Important Information

A person may qualify for Social Security Act disability insurance benefits only if the person meets both the earnings requirement and the disability requirement of the law. These two requirements are explained below.

The Earnings Requirement

- ▶ A person whose disability began before age 24 meets the earnings requirement if social security credits have been earned for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which the disability exists.
- ▶ A person whose disability began between the ages 24 and 31 meets the earnings requirement if social security credits have been earned for work in at least one-half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which the disability exists.
- ▶ A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement shown below:
  (1) The person needs credit for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which disability exists.
  (2) The person needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year disability began. In the second instance, the credits do not have to have been earned during the past 10 years.

A person who does not have credit for the amount of work shown above is not eligible for disability insurance benefits under the Social Security Act.

The Disability Requirement
To be considered disabled, a person must be unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. The impairment must be so severe as to prevent the person from working not only in the person's usual occupation but in any other substantial gainful work considering age, education, training, and work experience.

Other Disability Programs
Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

Family Benefits
No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to Social Security disability insurance benefits.

If You Want More Information
If you have questions about your claim, you may get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit a Social Security Office, however, please take this letter with you.

31515.235 SSA-L829-U2

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

This notice refers to your claim for benefits under the Social Security Act

If you think we are wrong, you can ask that the determination be looked at by a different person. This is called a reconsideration. IF YOU WANT A RECONSIDERATION, YOU MUST ASK FOR IT WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. IF YOU WAIT MORE THAN 60 DAYS, YOU MUST GIVE US A GOOD REASON FOR THE DELAY. Your request must be made in writing through any Social Security office. Be sure to tell us your name, Social Security number and why you think we are wrong. If you cannot write to us, call a Social Security office or come in and someone will help you. You can give us more facts to add to your file. However, if you do not have the evidence yet, you should not wait for it before asking for a reconsideration. You may send the evidence in later. We will then decide your case again. You will not meet with the person who will decide your case. Please read the enclosed leaflet for a full explanation of your right to appeal.

If you do not request reconsideration witnin the 60-day time limit, you still have the right to file another application at any time. A new application is not the same as an appeal of this determination.

If you have questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Enclosure:
SSA Publication No. 05-10058

Form **SSA-L829-U2 (2-85)**
Prior editions may be used

31515.240 SSA-L928-U2

A. Front

Social Security
Notice of Reconsideration

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

Claim for
☐ Disability Insurance Benefits
☐ Disabled Widow, Widower Benefits
☐ Childhood Disability Benefits
☐ Medicare Coverage Only

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find that the previous determination denying your claim was proper under the law. Attached to this notice is an explanation of the decision we made on your claim and how we arrived at it. The reverse of this notice identifies the legal requirements for your type of claim.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

If you do not request a hearing of your case within the prescribed time period, you still have the right to file another application at any time.

This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

If you have questions about your claim, you should get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Enclosure:
SSA Pub. No. 70-10282

Important: See other side for additional information. ▶

Form SSA-L928-U2 (3-85)
Prior editions may be used until supply is exhausted

B. Reverse

Summarized below are legal requirements for the various types of disability claims:

Disability Insurance Claim
To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for a least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

Disabled Widow (Widower) Claim
A widow, widower, or surviving divorced wife (age 50-60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Childhood Disability Benefits
Childhood disability benefits may be paid to a person age 18 or older in the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's age, education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for a least 12 months in a row.

31515.245 SSA-L951-U2

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

31515.250 SSA-L976-U2

Social Security
Notice of Reconsideration

From: Department of Health and Human Services
Social Security Administration

Date:

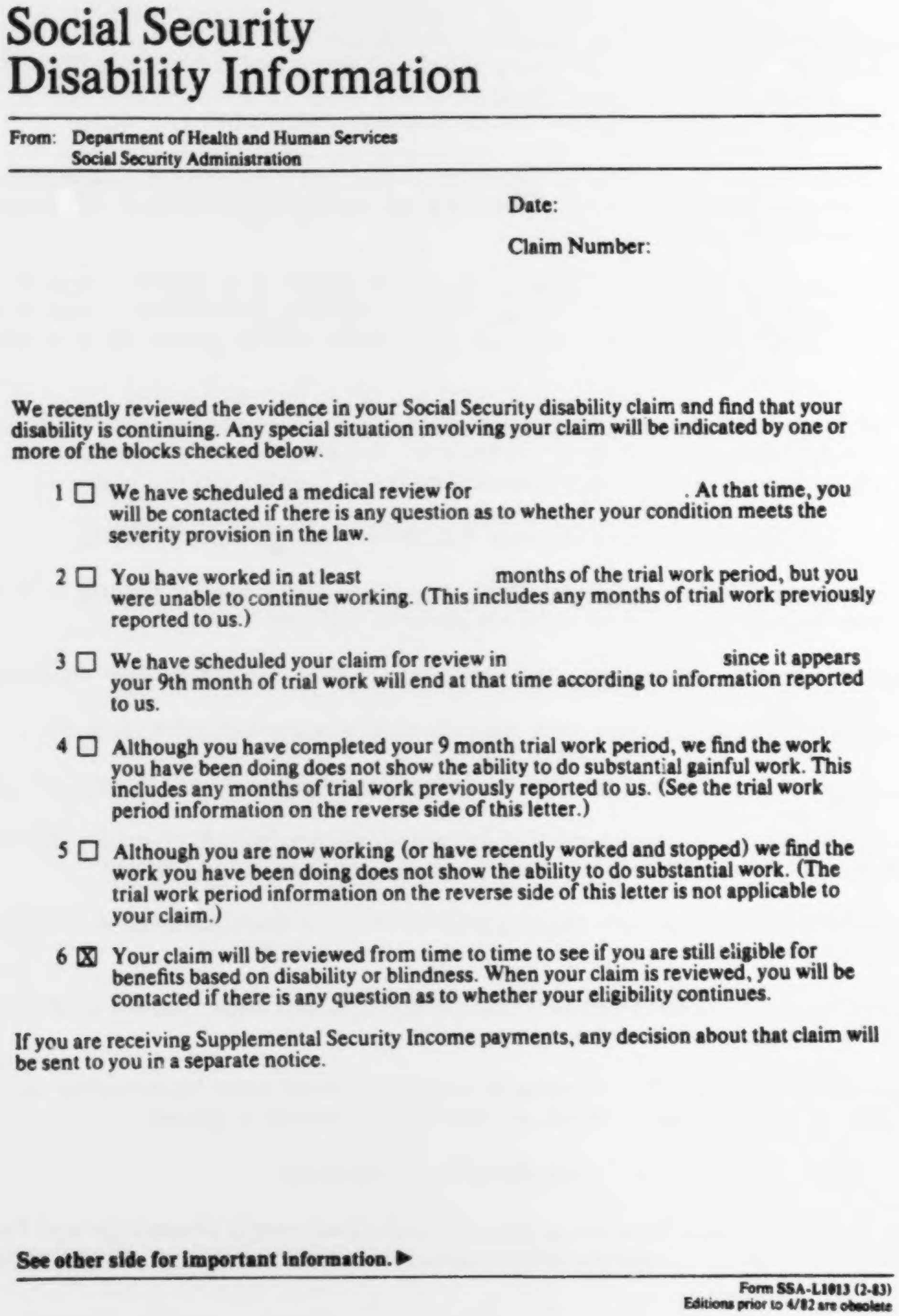
Claim Number:

Enclosure:
SSA Pub. No. 70-10282

Form SSA-L976-U2 (4-81)

31515.255 SSA-L1013

A. Front



Social Security Disability Information

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

We recently reviewed the evidence in your Social Security disability claim and find that your disability is continuing. Any special situation involving your claim will be indicated by one or more of the blocks checked below.

1 ☐ We have scheduled a medical review for . At that time, you will be contacted if there is any question as to whether your condition meets the severity provision in the law.

2 ☐ You have worked in at least months of the trial work period, but you were unable to continue working. (This includes any months of trial work previously reported to us.)

3 ☐ We have scheduled your claim for review in since it appears your 9th month of trial work will end at that time according to information reported to us.

4 ☐ Although you have completed your 9 month trial work period, we find the work you have been doing does not show the ability to do substantial gainful work. This includes any months of trial work previously reported to us. (See the trial work period information on the reverse side of this letter.)

5 ☐ Although you are now working (or have recently worked and stopped) we find the work you have been doing does not show the ability to do substantial work. (The trial work period information on the reverse side of this letter is not applicable to your claim.)

6 ☒ Your claim will be reviewed from time to time to see if you are still eligible for benefits based on disability or blindness. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

If you are receiving Supplemental Security Income payments, any decision about that claim will be sent to you in a separate notice.

See other side for important information. ▶

Form SSA-L1013 (2-83)
Editions prior to 4/82 are obsolete

B. Reverse

Explanation of Trial Work Period

Social Security provides a trial work period so you can test your ability to work for up to 9 months, while still disabled, without losing benefits. The 9 months may be continuous or separated by periods when you do not work at all. In general, any month you earn over $75 in wages or are active in self-employment counts as a trial work month.

At the end of the 9 months, a decision is made as to whether your work is substantial and gainful. If it is and work continues, benefits are stopped after an additional 3-month adjustment period. If it is not, benefits continue.

Should your benefit checks stop because of your work but you stop working again or your earnings are significantly lower *within 15 months* after the 9-month trial work period, you should notify any Social Security office. In most cases your checks can be started again without a new application.

Your entitlement to disability checks can end at *any* time if your medical condition does not keep you from working. This is true even if you have not completed the trial work period. However, payments will be made for the month disability ends and 2 additional months.

Promptly Report Events Which May Affect Your Benefits

You must promptly report any changes which may affect your benefits. Failure to do so could mean you may have to repay any benefits not due you. Let us know if:

- You returned to work since your last report or will later (no matter how little you earn); or
- You previously reported your work but your duties or pay have changed; or
- Your doctor says your condition has improved (even if you do not have a job now); or
- You apply for worker's compensation or another public disability benefit, start receiving those monthly checks (or a lump sum), or have a change in the amount; or
- The amount you pay for work expenses related to your disability changes or you no longer pay for such expenses.

This information will be used to decide if you are still disabled under the law or if your benefit amount needs changing.

Contact any Social Security office if you have a question, want more information about your claim, or need to report a change. Most matters can be handled by phone.

Vocational Rehabilitation

Your State Vocational Rehabilitation agency helps disabled people prepare for and find work. You may wish to contact that agency to learn about possible services that may be available to you.

31515.260 SSA-L1014

A. Front

Supplemental Security Income Disability Information

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

We recently reviewed the evidence in your Supplemental Security Income claim and find that you are still . If you continue to meet all other eligibility requirements of the law, payments will continue. Any special situation involving your claim will be indicated by one or more of the blocks checked below.

1 ☐ We have scheduled a medical review for . At that time, you will be contacted if there is any question as to whether your condition meets the severity provision in the law.

2 ☐ You have worked in at least months of the trial work period, but you were unable to continue working. (This includes any months of trial work previously reported to us.)

3 ☐ We have scheduled your claim for review in since it appears your 9th month of trial work will end at that time according to information reported to us.

4 ☐ Although you have completed your 9 month trial work period, we find the work you have been doing does not show the ability to do substantial gainful work. This includes any months of trial work previously reported to us. (See the trial work period information on the reverse side of this letter.)

5 ☒ Your claim will be reviewed from time to time to see if you are still eligible for benefits based on disability or blindness. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

If you are receiving Social Security disability insurance payments, any decision about that claim will be sent to you in a separate notice.

See other side for important information.▶

Form SSA-L1014-U2 (3-84)
Use prior edition until exhausted

B. Reverse

Explanation of Trial Work Period

If you are still disabled and continue to have limited income and resources (things you own), a trial work period gives you an opportunity to test your ability to work for up to 9 months without losing SSI checks. (People who are blind are not eligible for a trial work period.)

The 9 months may be continuous or separated by periods when you do no work at all. In general, any month you earn over $75 in wages or are active in self-employment counts as a trial work month. At the end of the 9 months, a decision is made as to whether your work is substantial and gainful. If it is and work continues, benefits based on disability are stopped after an additional 3-month adjustment period. If it is not, benefits based on disability continue.

NOTE: In some cases, disabled persons can continue receiving SSI checks, Medicaid, and social services even though their earnings after a trial work period would normally cause those benefits to stop. Check with your Social Security office for details.

Should your benefits stop due to your work but later you stop working again or your earnings are significantly lower *within 15 months* after the 9-month trial work period, you should notify any Social Security office. In most cases your payments can be started again without a new application.

Your entitlement to disability checks can end at *any* time if your medical condition does not keep you from working. This is true even though you have not completed the trial work period. However, benefits will be paid for the month disability ends and 2 additional months.

Promptly Report Events Which May Affect Your Benefits or Payments

You must promptly report any changes which may affect your benefit or payment status. This may help prevent an overpayment or underpayment to you. Information you supply will be used in deciding if you are still disabled or if your payment amount needs changing. Let us know right away if:

- You returned to work since your last report or will later (no matter how little you earn); or
- You previously reported your work but your duties or pay have changed; or
- Your doctor says your condition has improved (even if you do not now have a job); or
- You apply for worker's compensation or another public disability benefit, start receiving those monthly checks (or lump sum), or have a change in the amount; or
- You have a change in your income or resources; or
- You start making payment for work expenses related to your disability (for example, you may require special transportation);

  or

  The amount you pay for work expenses related to your disability changes or you no longer pay for such expenses. (Remember to keep records and proof of payment of any impairment-related work expenses you have.)

Contact any Social Security office to report a change or to have questions answered. Most matters can be handled by phone.

Vocational Rehabilitation

Your State Vocational Rehabilitation agency helps disabled people prepare for and find work. You may wish to contact that agency to learn about possible services that may be available to you.

31515.265 SSA-L1130-U2

A. Front

Supplemental Security Income Notice of Reconsideration — Disability

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

Reconsideration Filed:

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find that the previous determination denying your claim was proper under the law. Attached to this notice is an explanation of the decision we made in your claim and how we arrived at it.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet and the reverse side of this notice for a full explanation of your right to appeal.

If at any time in the future you think you qualify for payment, please contact us immediately about filing a new application. We cannot make payment for any month before the month in which you apply.

Please get in touch with Social Security if you believe this decision is wrong or you have any questions or need more information. Most questions can be handled by phoning or writing any Social Security office. If you visit a Social Security office, please bring this notice with you. If the decision in your case is based on incorrect information, we will be happy to make whatever change is necessary.

Enclosure:
SSA Pub. No. 70-10281

Important: See other side for an explanation of your appeal rights and other information.▶

Form SSA-L1130-U2 (7-83)

B. Reverse

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you may request a hearing of this decision by the Office of Hearings and Appeals. YOU MUST REQUEST THE HEARING IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. If you cannot send us a written request for a hearing within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not conduct a hearing review of our decision unless you have a good reason for the delay.

If you request a hearing, your case will be assigned to an administrative law judge of the Office of Hearings and Appeals. The administrative law judge will let you know when and where your case will be heard.

The hearing proceedings are informal. The administrative law judge will summarize the facts in your case, explain the law, and state what must be decided. Then you will have an opportunity to explain why you disagree with the decision made in your case, to present additional evidence and to have witnesses testify for you. You can also request the administrative law judge to subpoena unwilling witnesses to appear for cross-examination and to bring with them any information about your case. You have the right to request the administrative law judge to issue a decision based on the written record without you personally appearing before him/her. If you decide not to appear at the hearing, you still have the right to submit additional evidence. The administrative law judge will base the decision on the evidence in your file plus any new evidence submitted.

In having your case heard, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your Social Security office for names of organizations that can help you.

31515.270 SSA-L1157-DI-U2

Social Security Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number(s):

You must meet certain medical and nonmedical requirements to be entitled to disability benefits.

We have found that you meet the medical requirements for disability benefits. An explanation of our finding is attached. Please read it carefully.

We have not yet made a decision about whether you meet the nonmedical requirements, but we will make that decision soon. Then we will send you a second notice explaining our decision. After you receive this second notice you will have 60 days to appeal the determination we made about your claim for disability benefits.

If you have any questions about your disability claim or wish to appeal our findings, please do not get in touch with the Social Security office until you have the second notice. The people at the Social Security office will be better able to answer your questions when they have the information from both notices.

After you have received your second notice, you can call or write any Social Security office to appeal our determination or to get answers to your questions. Most questions can be handled by telephone or mail. If you go to the Social Security office in person, please take both notices with you.

Attachment(s)

Form SSA-L1157-U2-DI (4-83)
Prior editions may be used until supply is exhausted

31515.275 SSA-L1157-U2-SI

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number(s):

You must meet certain medical and nonmedical requirements to be entitled to disability payments.

We have found that you meet the medical requirements for disability payments. An explanation of our finding is attached. Please read it carefully.

We have not yet made a decision about whether you meet the nonmedical requirements, but we will make that decision soon. Then we will send you a second notice explaining our decision. After you receive this second notice you will have 60 days to appeal the determination we made about your claim for disability payments.

If you have any questions about your disability claim or wish to appeal our findings, please do not get in touch with the Social Security office until you have the second notice. The people at the Social Security office will be better able to answer your questions when they have the information from both notices.

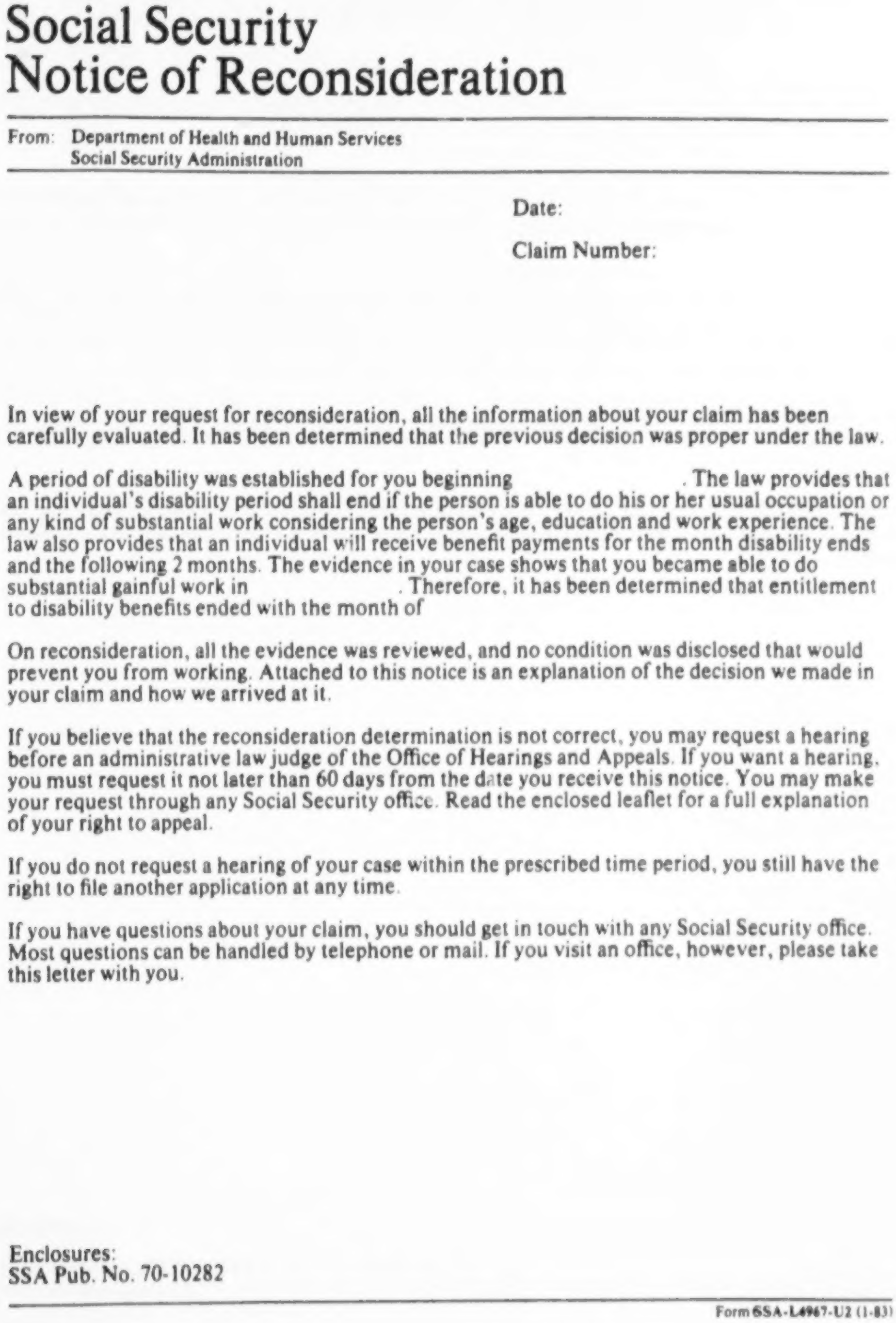
After you have received your second notice, you can call or write any Social Security office to appeal our determination or to get answers to your questions. Most questions can be handled by telephone or mail. If you go to the Social Security office in person, please take both notices with you.

Attachment(s)

Form SSA-L1157-U2-SI (5-83)

31515.280 SSA-L4967-U2

A. Front



Social Security
Notice of Reconsideration

From: Department of Health and Human Services
Social Security Administration

Date:

Claim Number:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

A period of disability was established for you beginning . The law provides that an individual's disability period shall end if the person is able to do his or her usual occupation or any kind of substantial work considering the person's age, education and work experience. The law also provides that an individual will receive benefit payments for the month disability ends and the following 2 months. The evidence in your case shows that you became able to do substantial gainful work in . Therefore, it has been determined that entitlement to disability benefits ended with the month of

On reconsideration, all the evidence was reviewed, and no condition was disclosed that would prevent you from working. Attached to this notice is an explanation of the decision we made in your claim and how we arrived at it.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

If you do not request a hearing of your case within the prescribed time period, you still have the right to file another application at any time.

If you have questions about your claim, you should get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Enclosures:
SSA Pub. No. 70-10282

Form SSA-L4967-U2 (1-83)

B. Reverse

ADDITIONAL INFORMATION ABOUT YOUR RECONSIDERATION DECISION

Who reviewed your claim
Your claim was thoroughly reevaluated by a physician and a disability examiner in your State agency which works with us in making disability determinations.

When does a person no longer meet the disability requirement
A period of disability ends if the evidence shows that a person can do substantial gainful work. Benefit payments continue for two months following the month in which the period of disability ends.

Findings of other government and private agencies regarding disability as well as the conclusions of attending physicians are carefully considered in reaching a determination as to whether or not a person is disabled for Social Security purposes. To be eligible under Social Security, however, the disability requirement specified in the Social Security law must be met.

What are your further rights
If you disagree with this reconsideration decision, you may request a hearing as explained in this letter.

If your condition again prevents you from doing substantial gainful work before age 65, you should get in touch with your Social Security office about filing a new application for disability benefits.

Form SSA-L4967-U2 (1-83)

31515.285 SSA-L8030-U2

A. Front

Supplemental Security Income Notice of Disapproved Claim

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

Application Filed:

Type of Payment:

This is to let you know that you are not eligible (or the person on whose behalf you applied, is not eligible) to receive supplemental security income payments under Title XVI of the Social Security Act.

Enclosure

Turn This Over If You Think We Are Wrong ▶

Form SSA-L8030-U2 (1-84)
Prior editions may be used

B. Reverse

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to appeal. If you appeal, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO APPEAL after you get this notice. If you wait more than 60 days, you must have a good excuse.

HOW TO APPEAL

There are two different kinds of appeals. You can pick the one you want. The people in our offices can explain how these appeals work. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the two kinds of appeals:

1. **CASE REVIEW**

   You can give us more facts to add to your file. Then, we will decide your case again. You will not meet with the person who will decide your case.

2. **INFORMAL CONFERENCE**

   You will meet with the person who will decide your case. You can tell that person why you think you are right. You can also give us more facts to help prove you are right. You can bring other people to help explain your case.

   REMEMBER, YOU PICK THE KIND OF APPEAL YOU WANT. BUT, IF YOU APPEAR IN PERSON, IT MAY HELP US TO DECIDE YOUR CASE.

TO APPEAL, YOU MUST MAKE A REQUEST IN WRITING. Be sure you tell us your name, Social Security number, and why you think we are wrong. Also, tell us what kind of appeal you want—**CASE REVIEW or INFORMAL CONFERENCE.** If you cannot write to us, call our office or come in and someone will help you.

There are groups that can help you with your appeal. Some groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

The enclosed booklet tells more about what you can do if you think we are wrong. Please read this booklet and keep it in case you have questions later.

Form SSA-L8030-U2 (1-84)

31515.290 SSA-L8052-C2

Supplemental Security Income Notice

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

Form SSA-L8052 C2 (3-82)
Prior editions usable

31515.295 SSA-L8156-U2

A. Front

Supplemental Security Income Notice of Planned Action—Medical

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

Your payments (or those of the individual named above) will be changed as follows:

We will not change your payment if you appeal within 10 days after getting this notice.

TURN THIS OVER IF YOU THINK WE ARE WRONG ▶

Form SSA-L8156-U2 (7-83)
Destroy prior editions

B. Reverse

YOUR RIGHT TO APPEAL

If you think we are wrong, you have the right to ask for a hearing. If you ask for a hearing, we will review our decision. If we made a mistake, we will fix it. If you have any questions, get in touch with us. Please bring this notice with you if you come to a Social Security office.

You have 60 DAYS TO ASK FOR A HEARING after you get this notice. If you wait more than 60 days, you must have a good excuse.

APPEAL IN 10 DAYS TO KEEP GETTING YOUR SAME PAYMENT

We will not change your payment if you ask for a hearing within 10 days after getting this notice. You will keep getting your same payment until we decide your case again. If you lose your appeal, you will be asked to pay this money back, although you will have the right to ask that you not be required to pay it back. If you win your appeal, any money you are due will be paid. A Social Security office can explain your rights and responsibilities to you in greater detail.

HOW TO ASK FOR A HEARING

TO ASK FOR A HEARING, YOU MUST MAKE A REQUEST IN WRITING. Be sure you tell us your name, Social Security number, and why you think we are wrong. If you cannot write to us, call our office or come in and someone will help you.

If you ask for a hearing, an administrative law judge will review your case. The judge will let you know where and when the hearing will be held.

At the hearing, the judge will explain all the facts in your case and all of the questions to be decided. The judge will also explain the law. Then, you can tell the judge why you think we are wrong. You can give more facts to help prove you are right. You can also bring other people to help explain your case.

You can ask the judge to have other people come to the hearing to help prove you are right. You can question these people at the hearing. The judge can also have these people bring important papers about your case.

You do not have to go to the hearing. A lawyer, friend, or someone else can go to the hearing and explain your case for you. Even if you do not go to the hearing, you can give evidence to help prove you are right. If you do not go, the judge will still decide your case based on all the facts in your file plus any new evidence you send.

There are groups that can help you with your appeal. Some of these groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

The enclosed booklet tells more about what you can do if you think we are wrong. Please read this booklet and keep it in case you have questions later.

31515.300 SSA-L8165-U2

A. Front

Supplemental Security Income Notice of Decision

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

See other side for important information ▶

Form SSA-L8165-U2 (9-84)
Prior editions may be used until supply is exhausted

B. Reverse

GET IN TOUCH WITH SOCIAL SECURITY IF:

- You have any questions.
- You want more information about this case.

Call or write to our office if you have questions or need more information. If you like, come to our office and someone will help you. Please bring this notice with you if you come to a Social Security office.

Form SSA-L8165-U2 (9-84)

31515.305 SSA-L8455-U2

A. Front

Supplemental Security Income Notice of Reconsideration

From: Department of Health and Human Services
Social Security Administration

Date:

Social Security Number:

Reconsideration Filed:

Important: See other side for an explanation of your appeal rights and other information ▶

Form SSA-L8455-U2 (6-78)

B. Reverse

Please get in touch with Social Security if:

You believe the decision on the other side of this notice is wrong, **or**

You have any questions or need more information.

Most questions can be handled by phoning or writing any Social Security office. If you visit a Social Security office, please bring this notice with you. If the decision in your case is based on incorrect information, we will be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you are not satisfied with the decision, you may request a hearing of this decision by the Office of Hearings and Appeals. **You must request the hearing in writing within 60 days from the date you receive this notice.** If you cannot send us a written request for a hearing within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not conduct a hearing review of our decision unless you have a good reason for the delay.

If you request a hearing, your case will be assigned to an administrative law judge of the Office of Hearings and Appeals. The administrative law judge will let you know when and where your case will be heard.

The hearing proceedings are informal. The adminstrative law judge will summarize the facts in your case, explain the law, and state what must be decided. Then you will have an opportunity to explain why you disagree with the decision made in your case, to present additional evidence and to have witnesses testify for you. You can also request the adminstrative law judge to subpoena unwilling witnesses to appear for cross-examination and to bring with them any information about your case. If you decide not to appear at the hearing, you still have the right to submit additional evidence. The administrative law judge will render a decision based on the evidence in your file plus any new evidence submitted.

In having your case heard, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your Social Security office for names of organizations that can help you.

Form Paragraphs

31515.500 SSA Form Paragraphs

Sections DI 31515.500-DI 31515.575 contain the SSA form paragraphs used in notice preparation.

31515.501 Paragraph No. 1-U2

Additional information about your claim

The application you filed is also an application for additional State payments under the Supplemental Security Income Program. For reasons shown in the enclosed notice, you are not eligible for such payments from your State.

An agency of your State will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with the local Department of Social Services.

Department of Health and Human Services
Social Security Administration

Form **PAR. No. 1-U2** (1-83)
Destroy prior editions

31515.505 Paragraph No. 2-U2

Additional information about your claim

The application you filed is also an application for additional State payments under the Supplemental Security Income Program. For reasons shown in the enclosed notice, you are not eligible for such payments from your State.

The application you filed with us is not an application for medical assistance *(Medicaid).* If you need medical assistance or have any questions about your eligibility for Medicaid, you should get in touch with

31515.510 Paragraph No. 3-U2

Additional information about your claim

The application you filed is also an application for additional State payments under the Supplemental Security Income Program. For reasons shown in the enclosed notice, you are not eligible for such payments from your State.

Although you are not eligible for supplemental security income payments, you may be eligible for medical assistance *(Medicaid)*. If you have any questions about your eligibility for Medicaid or need medical assistance, you should get in touch with

31515.515 Paragraph No. 4-U2

Additional information about your claim

You may want to contact your local public assistance office to find out if you qualify for payments from them.

An agency of your State will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with your State agency which handles eligibility for medical assistance.

31515.520 Paragraph No. 5-U2

Additional information about your claim

You may want to contact your local public assistance office to find out if you qualify for payments from them.

The application you filed with us is not an application for medical assistance *(Medicaid).* If you need medical assistance or have any questions about your eligibility for Medicaid, you should get in touch with

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Department of Health and Human Services
Social Security Administration

Rider PAR. No. 5-U2 (8-80)

31515.525 Paragraph No. 6-U2

Additional information about your claim

You may want to contact your local public assistance office to find out if you qualify for payments from them.

Although you are not eligible for supplemental security income payments, you may be eligible for medical assistance *(Medicaid)*. If you have any questions about your eligibility for Medicaid or need medical assistance, you should get in touch with

31515.530 Paragraph No. 7-U2

Additional information about your claim

You may want to contact your local public assistance office to find out if you qualify for payments from them.

31515.535 Paragraph No. 8-U2

Additional information about your claim

An agency of your State will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with your parish office of the Louisiana Office of Family Security.

31515.540 Paragraph No. 9-U2

Additional information about your claim

The application you filed with us is not an application for medical assistance *(Medicaid)*. If you need medical assistance or have any questions about your eligibility for medicaid, you should get in touch with

31515.545 Paragraph No. 10-U2

Additional information about your claim

Although you are not eligible for Supplemental Security Income payments, you may be eligible for medical assistance *(Medicaid)*. If you have any questions about your eligibility for Medicaid or need medical assistance, you should get in touch with

Department of Health and Human Services
Social Security Administration

Rider PAR. No. 10-U2 (8-80)
Prior editions may be used.

31515.550 Paragraph No. 11-U2

Additional information about your claim

The application you filed is also an application for additional payments under the Supplemental Security Income Program. For reasons shown in the enclosed notice, you are not eligible for such payments from the District of Columbia.

An agency of the District of Columbia will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with the Department of Human Services, Income Maintenance Administration, which handles eligibility for medical assistance.

31515.555 Paragraph No. 266

Important Information

Under the Social Security Act, widows, widowers, or surviving divorced spouses between ages 50 and 65 may qualify for Medicare for the disabled only if they meet the disability requirement of the law within a specified 7-year period.

The Disability Requirement
A widow, widower, or surviving divorced spouse may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Further information about the medical conditions that are qualifying for Medicare for the disabled may be obtained from any Social Security office.

The Specified 7-Year Period
The person's disability (as defined above) must start:

- not later than 7 years after the month of death of the wife or husband, or
- for a widow, widower, or surviving divorced spouse, formerly entitled to mother's or father's benefits, not later than 7 years after the month those benefits ended, or
- for a widow, widower, or surviving divorced spouse who was previously disabled and who becomes disabled again, not later than 7 years after the prior period of disability ended.

A physical or mental impairment which may have become disabling after the later of these dates cannot qualify a person for Medicare for the disabled.

The decision on your claim was made by the Social Security Administration *(not your personal physician)* on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

31515.560 Paragraph No. 267

Important Information

To qualify for Medicare for the disabled, a worker must meet one of the following earnings requirements and the disability requirement of the law. A person filing as a child of a worker must only meet the disability requirement as shown below. The information below explains these requirements:

The Earnings Requirement

- A person whose disability began before age 24 meets the earnings requirement if the person has credit for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which the disability exists.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if the person has credit for at least one-half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which the disability exists.
- A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement. One, the person needs credit for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which disability exists. And second, the person needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year the disability began. In the second instance, the credits do not have to have been earned during the past 10 years.
- A person who had a period of disability which began before age 31 and later ended, and who became disabled again before, or after age 31, can meet the earnings requirement if he/she had one quarter of coverage for every two calendar quarters after age 21 and through the quarter in which the later period of disability began, excluding the prior period of disability.

Federal employees earn Medicare work credits for their Federal employment in the same way as Social Security credits are earned for non-Federal employment. The enclosed leaflet explains how a person earns Social Security credits.

If a person does not have credit for the amount of work shown above, the person is not eligible for Medicare for the disabled.

The Disability Requirement
To be considered disabled, a person must be unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. The impairment must be so severe as to prevent the person from working not only in the person's usual occupation but in any other substantial gainful work considering age, education, training and work experience.

The decision on your claim was made by the Social Security Administration *(not your personal physician)* on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that the person meets the disability requirement of the Social Security Act.

Department of Health and Human Services
Social Security Administration

Rider Par. No. 267 (1-84)
Destroy prior editions

31515.565 Rider Paragraph No. 701

Additional information about your right to appeal

How to Appeal

If you decide to appeal, you must appeal in writing. Usually, you fill out a form at a Social Security office. It is called a Request for Reconsideration—Disability Cessation (SSA-789). Bring this notice with you. Also, bring any new information about your case. It is very important for you to give us this information. If you cannot come in, call or write any Social Security office. The people in that office can give you more information about your right to appeal.

How We Decide Your Appeal

Review By an Agency of Your State

First, your case will be sent to an agency of your State for review and to see if more facts are needed. It is very important that you give the State agency any information it needs. The State agency may decide you are still disabled. If so, you will get a notice of this decision. If not, your case will be sent to the disability hearing unit in your area for a hearing.

The Disability Hearing

Your hearing will be held about 60 days from the date you file your Request for Reconsideration. We will send you a notice giving the date, time and place. You can review your file before your hearing. At the hearing, the disability hearing office will review the evidence in the case and ask questions to get information to make a decision.

At the hearing you may:

- come in person to explain why you believe you are still disabled;
- bring a lawyer or other person to represent you;
- bring other people or other information which you believe proves you are still disabled; and/or
- send a lawyer, friend or someone else in your place if you do not want to go yourself.

You may decide that you do not want to go or have someone else go to the hearing. If so, the disability hearing officer will decide your case based on all the facts in your file and any new evidence you give us.

There are groups that can help with your appeal. Some of these groups may be able to give you the name of a lawyer who will help you for free. Let us know if you want the names of these groups.

If you have any questions about your claim, you may get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, please take this notice with you.

Department of Health and Human Services
Social Security Administration

Rider Par. No. 701 (10-83)

31515.570 Rider Paragraph No. 1409

Your further appeal rights if you disagree with a disability hearing decision

If you disagree with a disability hearing decision, you can request a hearing before an administrative law judge of the Social Security Administration. You must ask for an administrative law judge hearing within 60 days from the date you receive the disability hearing decision.

The Hearing

An administrative law judge who had no part in the reconsideration or the first decision will decide on your case. An administrative law judge hearing is usually held in the same city as the Social Security office that handles your case. You and your representative may attend the hearing and present your case in person. You also can bring witnesses. All testimony is taken under oath. At the hearing, the administrative law judge will state what issues must be decided. You or your representative may give new evidence, question witnesses, and look at the evidence the administrative law judge will use to make a decision.

If you don't want to attend the hearing, you don't have to. The administrative law judge will make the decision using all the evidence submitted in your case, plus any new evidence or statement that you give.

After the hearing, a copy of the decision will be sent to you.

Review by the Appeals Council

If you disagree with the hearing decision, you may request a review by the Appeals Council.

A request for an Appeals Council review must be filed within 60 days from the date you receive the notice of the hearing decision.

It is up to the Appeals Council to decide whether it will review the hearing decision. If the Appeals Council decides to review your case, you have a right to request to appear before the Council to explain your case.

When the Appeals Council decides your case, a copy of the decision is sent to you.

Federal Court Action

If you disagree with the Appeals Council's decision or if the Appeals Council does not review your case, you may bring a suit in a Federal district court.

You must file your complaint in a United States district court within 60 days after the date that you receive the notice of the Appeals Council's decision.

31515.575 Rider Paragraph No. 1413

Additional information

Disability Beneficiaries

You may again be entitled to disability benefits if your condition gets worse or you have another condition that keeps you from doing substantial gainful work before you are age 65. Also, retirement benefits are paid as early as age 62. Get in touch with any Social Security office right away if you think that any of these things apply to you.

Widow or Widower Beneficiaries

You may again be entitled to disability benefits as a widow (or widower) if your condition gets worse or if you have another condition that keeps you from working within 7 years of the month that this period of disability ended. Widow's (or widower's) benefits can also be paid as early as age 60 even if you are not disabled. And, if you work long enough to be insured on your own earnings, you may be entitled to retirement insurance benefits as early as age 62, or to disability benefits even if you are again disabled after the 7-year period. Get in touch with any Social Security office right away if you think that any of these things apply to you.

Childhood Disability Beneficiaries

You may again be entitled to childhood disability benefits if your condition gets worse or you have another condition that keeps you from doing substantial gainful work within 7 years of the month that this period of disability ends. And, if you work long enough to be insured on your own earnings, you may be entitled to retirement benefits at age 62 or disability benefits even if you are disabled again after the 7-year period. Get in touch with any Social Security office right away if you think that any of these things apply to you.

Department of Health and Human Services
Social Security Administration

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